

Persons responsible for taking child from Center:

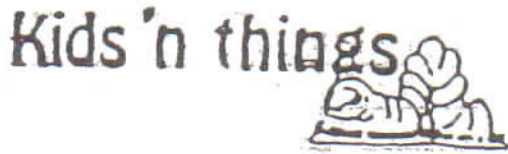
Name:	Relationship
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Time child will be called for:	
Medi-Cal Care Number:	Insurance (if any)

NOTE: Child will not be allowed to leave with any other persons without written authorization from Parent or Guardian!

Permission to take child to Doctor

If designated Doctor or Dentist is not available, may we call any Licensed Doctor? YES NO

I authorize the child care provider to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at 1) the closest hospital available in case of dire emergency, or 2) the hospital of the parent's choice. It is understood that conscientious effort must be made to notify me or _____ at (phone #) _____ before such action is taken, but if it is impossible to locate me or the above named person, the uninsured expense of this service will be accepted by me.



Parent's Signature _____

Date _____

Phone (indicate Work or Home) _____