



## Emergency Authorization Form

In the case of an emergency situation where my child/ren requires to be taken off Kinderplace Child Care Centre property for the purpose of receiving medical treatment at the nearest medical facility.

I \_\_\_\_\_ give authorization for the Kinderplace staff to proceed to the hospital with my child/ren \_\_\_\_\_ using a taxi or ambulance and for the attending physician to perform any medical attention deemed necessary.

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_