
Date

As part of my Agreement with Ms Carolyn's Child Care I agree with everything written in this parent handbook.

Parent or Guardian's Signature

Date

I hereby give permission that my child _____ be given emergency

Treatment by a qualified childcare provider at Ms Carolyn's Child Care License # 26001078

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care,

Treatment, and procedures to be performed for my child by a licensed physician, health care

Provider, hospital, or aid car attendant to safeguard my child's health. I waive my right of

Informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an