

Child's Physician: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Child's Dentist: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

In the case of an emergency (accident, injury, or illness), in which neither parent or guardian can be notified, I hereby give permission for any member of Wee Wisdom Faculty or Staff to do whatever he/she deems necessary to protect the health and well being of my child. This includes seeking immediate medical attention from health care professionals, physicians, and/or hospital treatment. I understand that my child will be taken to the closest hospital, Ball Memorial Hospital, in the case of an emergency needing immediate medical attention. I further understand that treatment will be provided by Ball Memorial Hospital only if this form is **signed and notarized**. I also understand that **all employees** at Wee Wisdom are certified in First Aid and CPR and they will treat my child if appropriate.

I agree, and by my signature give consent, that in the case of an accident, illness, or injury of a serious nature, my child will be given emergency medical care. I understand that every effort will be made to contact me in the event of an emergency. However, should I be away from the numbers listed on the Emergency Information Form (this form), I hereby authorize Wee Wisdom Nursery School & Child Care Center, Inc. to transport my child to Ball Memorial Hospital or to activate the Emergency Medical System of Delaware County for transport. I also authorize Wee Wisdom to secure all medical treatment necessary for my child.

X _____ Date: _____
Mother's Signature: Must be signed and dated in the presence of a notary

X _____ Date: _____
Father's Signature: Must be signed and dated in the presence of a notary

STATE OF INDIANA COUNTY OF _____

Seal

Before me the undersigned, a Notary of Public for said County and State, personally appeared :
_____, who after being
duly sworn by me upon his/her oath, acknowledged the forgoing
statements as true on this ____ day of _____, 200__

X _____
Signature of Notary Public Printed Name

Commission Expiration Date: ____/____/____ County of Residence: _____