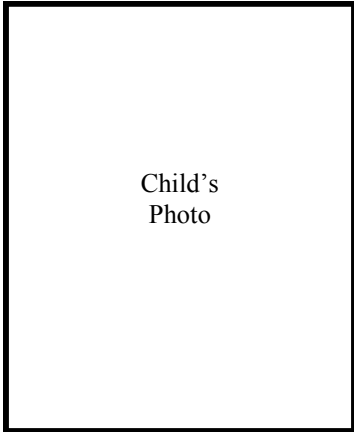


**WINDERS WEE CARE EMERGENCY PERMISSION CARD**

Provider's Name

Provider Address



Date of Photo

Child Name

Date of Birth

Hair Color

Eye Color

Height

Weight

Parent/Guardian #1

Parent/Guardian #2

Name

Primary Phone

Secondary Phone

Text To Number

Email Address

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Primary Phone

Emergency Contact Secondary Phone

Pediatrician Name

Pediatrician Phone

Pediatric Dentist Name

Pediatric Dentist Phone

Child's Health #

Child's ID#

Allergies

Medical Conditions

Regular Medications

It is the child care provider's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility.)

If an ambulance is not available, the child care provider/staff of the child care will transport the child.

I hereby give permission to the child care provider/staff of Winders Wee Care/Anna Winders to make necessary transportation arrangements for my child \_\_\_\_\_ who has become ill or injured.  
(name of child)

This Emergency Permission Card is valid for one-year after signing.

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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Provider Printed Name	Provider Signature	Date
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