

EMERGENCY TRANSPORTATION AUTHORIZATION

ODHS 1297 (9/86)

Child Day Care Centers/Type A Family Day Care Homes/Certified Type B Family Day Care Homes

Name of Child	Mother's Name		Father's Name	
Street Address	Home Address		Home Address	
City, State, Zip Code	City, State, Zip Code	Phone Number	City, State, Zip Code	Phone Number
Phone Number	Employer's Address		Employer's Address	
	City, State, Zip Code	Phone Number	City, State, Zip Code	Phone Number

If not at home or work give other telephone number where parents can be reached: Mother _____ Father _____

Persons to be contacted in the event of an emergency if the parents cannot be reached:

Name		Name	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Relationship to Child	Phone Number	Relationship to Child	Phone Number

Physician or Clinic		Dentist or Clinic	
Street Address		Street Address	
City, State, Zip Code	Phone Number	City, State, Zip Code	Phone Number

Either Part I or Part II below must be completed. Do not complete both.

Part I: Permission to Transport Child

I give _____ my permission to transport my child
 (name of child day care facility/authorized type B home provider/in-home aide)
 _____ to _____ for emergency medical care or to
 (name of child) (hospital/clinic)
 _____ for emergency dental care, or to the nearest available source of assistance.
 (dentist/clinic)

Parent's signature	Date
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Part II: Refusal to Grant Permission

I do not give my permission to _____
 (name of child day care facility/authorized type B home provider/in-home aide)
 to transport my child _____ for emergency medical or dental care. In the event of an illness
 (name of child)
 or injury that requires emergency medical or dental treatment, I wish the following action to be taken: _____

Parent's signature	Date
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Note: This is a sample form provided by ODHS that may be used by centers, type A homes, authorized type B home providers, and in-home aides to meet the requirements of rules 5101:2-12-49 (centers), 5101:2-13-48 (type A homes), 5101:2-14-19 (type B homes), and 5101:2-15-18 (in-home aides). The form only authorizes the child care facility to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures.