



Ashley's Lil' Angels Childcare

Authorization for Emergency Medical Leave

I, _____, hereby give my permission to Ashley Dunn to call for medical/dental or surgical treatment as prescribed by a treating physician for my minor child _____, should an emergency arise. I give my permission for my child to be transported by care or ambulance to an emergency center for treatment.

It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me. Ashley Dunn shall not be responsible for providing or paying for the child's health care. I agree that neither I or my child will bring any claims of any kind against Ashley's Lil' Angels Daycare as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of our facilities, toys, other children, whether such claims are known or unknown or arise in the future.

(Mother/Guardian)

Date

(Father/Guardian)

Date