

# Emergency Permission

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In the event that an illness or injury occurs while your child is in our care, we will follow these procedures depending on your child's condition:

- If your child has sustained a mild injury such as a scraped knee, we will clean the wound, bandage it and provide ice if needed. We will make you aware of what happened to your child at pick up.
- If your child has sustained a minor injury such as a bumped head, or seems to be coming down with an illness such as a fever, we will call you (or your emergency contacts, if you're not available) and let you know what happened and what your child's condition appears to be. We will monitor your child and let you know if they appear to be doing well enough to continue their day. If their condition worsens, or your child is complaining about not feeling well throughout the day, we will call you again and ask that you pick them up.
- If your child has sustained a severe injury such as a broken leg, or was choking, we will perform immediate CPR or First Aid to try and stabilize your child's condition. We will call 911 to get immediate help for your child. Once we make sure that the emergency personnel are on their way, we will make your child comfortable and contact you (or your emergency contacts, if you're not available) and let you know of your child's condition and/or location in the event that transportation to a hospital was necessary. In the event that your child needs to be transported by ambulance or other method necessary, we will do our best to arrange our staff so one of our members goes with your child until your arrival.

I hereby give permission to staff from Beyond the Books to provide or secure the necessary medical care for my child \_\_\_\_\_, including arranging the transportation for my child to the nearest hospital, medical or dental facility for treatment as deemed necessary by the provider. I also accept full liability for all treatment and transportation expenses.

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contacts

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In the event that we cannot reach you, please list two emergency contacts that we can call and relay information about your child's condition and location.

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_