

# Emergency Transportation Authorization ODHA 1297

Child Care Centers/Type A Family Care Homes/Certified Type B Family Child Care Homes Rule 5101:2-12-49, Rule 5101:2-13-48, and Rule 5101:2-14-19 of the Administrative Code require that the child child care facility secure and emergency authorization for the child's parent before the child attending the facility

_____ Name of child	_____ Mother's Name	_____ Father's Name
_____ Street Address	_____ Employer's Street Address	_____ Employer's Street Address
_____ City, State, and Zip Code	_____ City, State, and Zip Code	_____ City, State, and Zip Code
_____ Telephone Number	_____ Employer's Telephone Number	_____ Employer's Telephone Number

Other telephone numbers where parents can be reached: Mother \_\_\_\_\_ Father \_\_\_\_\_  
People to be contacted in the event of an emergency if the parent cannot be contacted:

_____ Name	_____ Name		
_____ Street Address	_____ Street Address		
_____ City, State, and Zip Code	_____ City, State, and Zip Code		
_____ Relationship to Child	_____ Telephone Number	_____ Relationship to Child	_____ Telephone Number

_____ Name of Physician or Clinic	_____ Name of Dentist or Clinic
_____ Street Address	_____ Street Address
_____ City, State, and Zip Code	_____ City, State, and Zip Code
_____ Telephone Number	_____ Telephone 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  
(name of child child care facility)  
\_\_\_\_\_ to \_\_\_\_\_ for emergency medical or  
(name of child) (hospital, clinic)  
to \_\_\_\_\_ for emergency dental care.  
(dentist, clinic)

Parent's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Part II. Refusal to Grant Permission:**  
I do not give permission to \_\_\_\_\_ to transport my child  
(name of child child care facility)  
\_\_\_\_\_ to \_\_\_\_\_ for emergency medical or dental care.  
(name of child) (hospital, clinic)

In the event of an illness or injury which requires emergency medical or dental treatment, I wish the child care facility to take the following actions \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_