

Sprouts About Emergency Transportation Authorization

Either Part I or Part II needs to be filled out. DO NOT FILL OUT BOTH!

*This form only authorizes Sprouts About Childcare to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment. You are required to fill out **Consents to Day Care Providers – Emergency Medical Care (IL DCFS CFS-593)** to guarantee treatment.*

Part I. Permission to Transport Child

I/We authorize Sprouts About to transport my

child(ren) _____

to (hospital, clinic) _____ for emergency medical care or

to (dentist, dental clinic) _____ for emergency dental

care, or to the most readily available source of assistance.

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:

Part II. Refusal to Grant Permission

I **do not** give permission to Sprouts About to transport my child _____

for emergency medical or dental treatment. In the event of an illness or injury, I wish for the following

measures to be taken: _____

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature: