

Emergency Transportation Authorization

A. Complete the Following:

Name of Child:		Name of Mother/Guardian:		Name of Father/Guardian:	
Street Address:					
City:		State:		Zip:	
				Cell: Home:	
Father/Guardian's Employer and Address:				Department:	
City:		State:		Zip:	
				Work Phone:	
Mother/Guardian's Employer and Address:				Department:	
City:		State:		Zip:	
				Work Phone:	

B. List 3 people to be contacted in an emergency in case I cannot reach either of you:

Name:		Relationship to Child:	
Address:		Home Phone: Cell Phone:	
City:		State:	
		Zip:	
Name:		Relationship to Child:	
Address:		Home Phone: Cell Phone:	
City:		State:	
		Zip:	
Name:		Relationship to Child:	
Address:		Home Phone: Cell Phone:	
City:		State:	
		Zip:	

C. Complete the Following:

Name of Physician or Clinic:		Phone:	
Address:		City, State, Zip:	
Name of Dentist or Clinic:		Phone:	

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Address:	City, State, Zip:
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D. Either Part 1 or Part Two need to be filled out. DO NOT FILL OUT BOTH!

This form only authorizes Sarah Cox/Square One Learning, LLC. 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 a "Medical Release Form" to guarantee treatment.

Part I. Permission to Transport Child

I give _____ my permission to transport my
(name of teacher)

child _____ to _____
(name of child) (Hospital, clinic)

_____ for emergency medical care or to
(hospital address)

_____ for emergency dental care, or to the nearest available source of
(dentist, dental clinic)
 assistance.

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
Sarah Cox/ Square One Learning, LLC.	Date of Signature:

Part II. Refusal to Grant Permission

I do not give permission to _____ to transport my child
(name of teacher)

_____ for emergency medical or dental treatment.
(name of child)

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:

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Sarah Cox/Square One Learning, LLC.	Date of Signature:
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Part III. Authorization for Medical Care

I, _____ hereby give my permission to Square One Learning, LLC. to call
(name of guardian)
for medical or surgical care for my child, _____, should an
(name of child)
emergency arise. 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 medical treatment or care
will be accepted by me.

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
Square One Learning/Square One Learning, LLC.	Date of Signature: