



I hereby give my permission for MARIA GUADARRAMA or any of their employee's at the **HOLDING HANDS DAYCARE** to call a physician, hospital, ambulance, dentist or any other medical personnel to secure necessary medical care (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my Child/children _____ when I cannot be reached and/or when delay would be dangerous in case of illness or accident.

I understand and agree that I am responsible for any and all doctor, hospital, ambulance and dentist bills or any other medical expenses that may occur. My daycare provider will contact me as soon as possible in the event that medical treatment is required. I know that some medical emergencies may not allow much time to contact me and in this type of situation my daycare provider will immediately contact a physician, hospital, ambulance or other medical personnel and then will contact me as quickly as possible.

Date _____

Signature of Parent/Guardian

Relationship to child

Date _____

Signature of Parent/Guardian

Relationship to child

