



Emergency Authorization

I realize the teacher are neither physicians nor a nurses. I know that they are not competent to diagnose illness and will not do so. I understand that they may administer first aid and/or CPR on an emergency basis. I hereby give consent to the teachers of The Tot Spot, LLC to act as guardian for _____ and/or _____.

- I hereby release the teachers of The Tot Spot to provide first aid and/or CPR.
- I hereby give permission to the teachers to transport my child to a medical facility or call for ambulance service. It is understood that guardians may/will be contacted after emergency personnel are in route. I release the teachers from any liability when choosing to seek medical care. I also consent to the transportation necessary to receive emergency dental or medical care.
- I give consent for emergency contact persons listed on the Child Emergency Information and Consent form to act on my behalf until I am available.
- I hereby release the teachers of The Tot Spot from all liability for any complication as a result of care given, or from any complication resulting from the administration of first aid or CPR.
- I hereby release the teachers of The Tot Spot to provide medically necessary actions. This includes but is not limited to bathing for the purposes of fever reduction or treatment of skin discomforts, and the administration of prescription and non-prescription medications if parental and physician consent is provided for the same.
- I hereby give permission to the teachers of The Tot Spot to call my pediatrician and/or dentist for medical advice and/or to discuss personal health care situations or concerns he/she may have regarding the well-being of my child.

I authorize the teachers of The Tot Spot, LLC to obtain any type of medical and/or dental care for my child and I do hereby agree to be responsible for payment of all expenses associated with any medical/dental treatment.

THIS RELEASE ALSO RELEASES THE TOT SPOT, LLC FROM ANY LIABILITY FROM ANY ACCIDENT OR INJURY WHICH MAY OCCUR REGARDING THE ABOVE.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date