



## Emergency Transport Permission Form

Child's Name: \_\_\_\_\_

This form authorizes Oak Park Early Learning Academy to provide emergency medical transportation and/or emergency evacuation transportation for your child. This form does not authorize or guarantee medical treatment.

I, \_\_\_\_\_, give  
(Printed Parent/Guardian First and Last Name)

permission to Oak Park Early Learning Academy to transport my child to Reid Health at 1100 Reid Parkway, Richmond, IN for emergency medical care, OR in the event that emergency evacuation from our child care facility to another safe location is required. In the event that emergency evacuation from our facility is required, due to a fire, electrical outage, and/or storm damage, then Oak Park Early Learning Academy will seek refuge for our children at Reid Health, public school or other community building.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_