In the event of a medical emergency the following actions will be taken:

- **Contact the child’s parent/guardian**
- **Contact the Emergency Contact listed on the child’s Emergency card**
- **Make decisions that are in the best interest of child, including ambulance transportation to the nearest medical facility**

By signing below, I acknowledge that I have read the Medical Emergency Authorization policy and hereby give the Fisher Early Learning Center permission to take the above mentioned actions in the event of a medical emergency involving my child.

____________________________________         __________________________________
Child Name - Printed                                                                              Classroom - Printed

______________________________________________________              _________________________________________________
Parent/Guardian Name – Printed                 Parent/Guardian Name - Signature

____________________________________
Date