



AUTHORIZATION FOR EMERGENCY CARE & PERMISSION TO LEAVE FACILITY

Westminster Learning Tree
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Child's Full Name: _____ DOB: _____

If at any time, due to such circumstances as an unforeseen emergency or injury/sudden illness, medical treatment is necessary, I authorize WESTMINSTER LEARNING TREE (WLT) to take whatever emergency measure they deem necessary for the protection of my child while in their care. I understand that this may include contacting a doctor, interpreting and carrying out medical instructions, and may also include transporting my child to the hospital or doctor's office, perhaps by ambulance.

I understand that the doctor and hospital contacted will be those listed by me on my child's enrollment form. I also understand and agree that it is my responsibility to keep all contact information, phone numbers, doctor/hospital changes, etc... updated with the Director.

I also understand that a natural/deliberate disaster/emergency may result in the need for my child to be evacuated to another location for safety, and that WESTMINSTER LEARNING TREE (WLT) has an emergency plan that includes 3 off-site locations for such purpose— all within walking distance. I have been provided a copy of the names and addresses of those 3 off-site locations via brightwheel for my reference (paper copies are available by request). Notice of any shelter in place emergency or emergency evacuation will be sent via brightwheel.

Each classroom, as well as the center office and kitchen, have the following: walkie talkies to help ensure center communication is not compromised, emergency "panic" buttons to immediately notify all present in the building of the location of the emergency, red binders with printed copies of the full emergency plan (as required by licensing regulations) and printed contact information for all children in care, as well as emergency backpacks with supplies tailored to the specific needs of each age group. Canned goods are also kept in stock in bulk in the center kitchen.

WLT staff also have access to emergency contact information and permission forms at any time via brightwheel.

WLT staff and children participate and record a minimum of 12 fire and 4 disaster drills yearly, as required by licensing regulations.

I further understand that emergency measures may be taken PRIOR to contacting me, and that any expense incurred, including ambulance, is my responsibility.

Parent/Guardian Signature: _____ Date: _____