**Brooklyn Child Care Incorporated (BCCI)**

**800 Poly Place, Brooklyn, NY 11209**

**Building #16 (Behind the VA Hospital)**

**(718) 630-2831 or (718) 608-7318**

**Parent Permission for Emergency Procedures**

To Whom it may concern:

I give permission to the Staff of Brooklyn Child Care Inc. to make whatever emergency (i.e., first aid, disaster, evacuation) measures in case of emergency and rely on their judgement for necessary care and protection of my child while under their supervision.

I have updated my phone number with my child’s teacher. In case of emergency and I cannot be reached I understand my child will be transported to the nearest facility by the local emergency unit for treatment deems necessary.

I understand that in a medical situation, the staff will need to contact the local emergency resource before the parent, child’s physician and other adults that are acting on the parent’s behalf.

Print Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_