



BOW VALLEY FAMILY CHILD CARE AGENCY
A Division of Davar Child Care Society
An Accredited Not-For-Profit Society and Registered Charity

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RELEASE FORM

Transportation for Family Day Home Children

- I give permission for my child/ren to be transported by an approved provider.
- I give permission for my child/ren to be transported by an approved provider or consultant in the case of an emergency.
- I acknowledge that the transportation of my child/ren is deemed necessary on occasion. I also understand that approved safety restraints are being used during transportation.

Emergency Medical Treatment

I give permission for _____ (Dayhome provider) to administer necessary first aid and call for an emergency transportation for my child/ren at the provider's discretion. Any ambulance expenses incurred will be the responsibility of the parent. If time permits, the provider will attempt to call parents of emergency contact prior to contacting the ambulance. At no time will the provider drive the sick or injured child to an emergency medical facility.

Release of Confidential Information

I give permission for all necessary confidential information for my child/ren to be released in case of an emergency to emergency and medical personnel.

Parents Signature: _____

Date: _____

