



# Parent Authorizations

## Syrup of Ipecac

In the event of the accidental poisoning of my child while at Stepping Stones Early Learning Center, I hereby grant the center staff permission to administer SYRUP OF IPECAC to my child if so directed by the Poison Control Center.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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## Emergency Medical Attention

In the event of a medical emergency when I cannot be contacted, I authorize the staff of the Stepping Stones Early Learning Center to have my child transported by emergency medical personnel to Woodwinds hospital, or medical facility deemed necessary by EMS. I understand that I will be responsible for any costs incurred in this emergency transportation.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_