

**Garderie Chez tante Laure
339 Alton Towers Circle
Scarborough, Ontario
M1V 4L3**

The undersigned is the parent of _____ and does by this instrument authorize A REPRESENTATIVE OF Garderie Chez tante Laure, acting in loco parentis, to provide my child/children with necessary first aid in the event of illness or injury, including transportation to hospital and the services of a qualified medical practitioner. In the event of an emergency, when it is impossible or impractical to contact me or my family doctor in advance, I authorize Garderie Chez tante Laure to consult and retain any qualified medical practitioner and authorize, on my behalf, any hospitalizations, treatment or medical procedure in which he/she recommends in the circumstances.

I will bear full responsibility for payment of all reasonable expenses incurred by Garderie chez tante Laure, or on my behalf, in connection with the good faith exercise of the above authorities.

I have read and understand fully the above.

Date

Parent/ Guardian of the Child

Day-care Supervisor

Authorized person
(in the absence of the Supervisor)