



The Cabinet for Health and Family Services Division of Regulated Child Care establishes a set of licensing regulations that all certified child care providers must abide by. These regulations are reviewed, modified, altered and/or have additions made on a consistent basis. One of the new regulatory changes that has gone into effect is the requirement to have each child enrolled have a preferred hospital of choice on file in the event that emergency medical treatment and/or transportation is necessary while your child is in our care. Therefore, we need you to select a primary preferred hospital of choice and denote that on the permission slip below. If you should choose to change this location or any of your emergency medical contact instructions that are currently on file, please contact our office at any time. Please sign and return this form to the front office as soon as possible. If you have any questions or concerns, please feel free to contact our office at (502) 427-4352. Thank you for your attention to this matter.

To Be Completed By A Parent, Guardian, or Authorized Representative		
Child's Name:	Birthday:	Today's Date:
Home Phone:	Work Phone	
Parent/Guardian/Authorized Representative's Name:		

Hospital Preference	
I wish for my above-mentioned child to be transported to _____, in the event of an emergency situation and/or life-threatening situation. I understand that Grace Early Learning Center will contact me and/or my designated emergency contact person immediately.	
Parent/Guardian/Authorized Representative's Signature:	Date: