



## EMERGENCY CARE

### FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

<b>Child Name:</b>		<b>Date of Birth:</b>	
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I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

### EMERGENCY CONTACTS (In order to be contacted):

Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			

Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			

Name (print):		Relationship to child:	
Home Phone:		Cell Phone:	
Do you give permission for child to be released to this person? (Y/N)			

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_