## **YC Infant Toddler Emergency Consent Cards**

CHILD'S NAME:	BIRTHDATE:
SURNAME FIRST NAME(S)	YEAR/MONTH/DAY
ADDRESS:	
PARENT'S NAME:	HOME PHONE:
CELL PHONE:	WORK PHONE:
PARENT'S NAME:	HOME PHONE:
CELL PHONE:	WORK PHONE:
EMERGENCY CONTACT:	PHONE #
OUT OF TOWN CONTACT:	PHONE #
CHILD'S DOCTOR:	PHONE #
VACCINATIONS UP TO DATE:	
ALLERGIES / MEDICATIONS:	
CHILD'S DENTIST:	PHONE:
CARE CARD NUMBER:	
YC Infant Toddler Emergence	-
YC Infant Toddler Emergence	y Consent CardsBIRTHDATE:
YC Infant Toddler Emergence CHILD'S NAME: SURNAME FIRST NAME(S)	BIRTHDATE:YEAR/MONTH/DAY
YC Infant Toddler Emergence CHILD'S NAME: SURNAME FIRST NAME(S) ADDRESS:	BIRTHDATE:YEAR/MONTH/DAY
YC Infant Toddler Emergence CHILD'S NAME: SURNAME FIRST NAME(S) ADDRESS: PARENT'S NAME:	BIRTHDATE:YEAR/MONTH/DAY
YC Infant Toddler Emergence CHILD'S NAME: SURNAME FIRST NAME(S)  ADDRESS: PARENT'S NAME: CELL PHONE:	BIRTHDATE:  YEAR/MONTH/DAY  HOME PHONE:
YC Infant Toddler Emergence  CHILD'S NAME:  SURNAME FIRST NAME(S)  ADDRESS:  PARENT'S NAME:  CELL PHONE:  PARENT'S NAME:	BIRTHDATE:  YEAR/MONTH/DAY  HOME PHONE:  WORK PHONE:
YC Infant Toddler Emergence CHILD'S NAME: SURNAME FIRST NAME(S)  ADDRESS: PARENT'S NAME: CELL PHONE: PARENT'S NAME: CELL PHONE:	BIRTHDATE:  YEAR/MONTH/DAY  HOME PHONE:  HOME PHONE:  HOME PHONE:
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CELL PHONE:	_WORK PHONE:	
PARENT'S NAME:	HOME PHONE:	
CELL PHONE:	_WORK PHONE:	
EMERGENCY CONTACT:	PHONE #	
OUT OF TOWN CONTACT:	PHONE #	
CHILD'S DOCTOR:	PHONE #	
VACCINATIONS UP TO DATE:		
ALLERGIES / MEDICATIONS:		
CHILD'S DENTIST:	PHONE:	
CARE CARD NUMBER:		

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PARENT'S NAME:	HOME PHONE:
CELL PHONE:	WORK PHONE:
EMERGENCY CONTACT:	PHONE #
OUT OF TOWN CONTACT:	PHONE #
CHILD'S DOCTOR:	PHONE #
VACCINATIONS UP TO DATE:	
ALLERGIES / MEDICATIONS:	
	PHONE:
CARE CARD MUMBER.	

## **CONSENT**

1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance. 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre. 3) I hereby give consent for my child (NAME) to be taken to the nearest emergency centre when I cannot be contacted. Yes No 4) I hereby give consent for my child named above to receive medical treat-Yes No ment. SIGNATURE OF PARENT / GUARDIAN WITNESS CONSENT 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance. 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre. 3) I hereby give consent for my child (NAME) to be taken to the nearest emergency centre when I cannot be contacted. Yes No 4) I hereby give consent for my child named above to receive medical treatment. Yes No. SIGNATURE OF PARENT / GUARDIAN

WITNESS \_\_\_\_\_

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