Young Climbers: Preschool: Emergency Cards

EMERGENCY CONSENT FORM

CHILD'S NAME: _____ BIRTHDATE: _____

SURNAME FIRST NAME YEAR/MONTH/DAY

ADDRESS:_____

PARENT'S NAME: _____ HOME PHONE _____

CELL PHONE: _____WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____CELL PHONE: _____

OUT OF TOWN CONTACT:_____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

VACCINATIONS UP TO DATE: _____

ALLERGIES / MEDICATIONS: _____

_____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER_____

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 _____ to be taken to the nearest emergency centre when I cannot be contacted.

4) I hereby give consent for my child named above to receive medical treatment.

_____

DATE SIGNATURE OF PARENT / GUARDIAN_____

WITNESS_____