

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
FIRST AID EMERGENCY MEDICAL CARE
CONSENT FORM

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____ Social Security # _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. Name _____ Address _____

Phone #: Home _____ Cell _____ Work _____

2. Name _____ Address _____

Phone #: Home: _____ Cell _____ Work _____

I authorize staff in the child care program trained in the basics of first aid to give my child first aid 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.

I understand that school personnel, parents/legal guardians and regulatory authorities will have access to this information. I will notify the school in writing of any changes to my child's health and/or contact information.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (OTHER THAN PARENT)

1. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? ____ Yes ____ No ____

2. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? ____ Yes ____ No ____

Parent/Guardian Signature

Date

****Please provide a copy of the child's birth certificate and insurance card****