EMERGENCY CONSENT FORM

It is the policy of the Centre 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 take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child. Return the signed card to the Centre immediately.

I hereby give consent for my child _____ when ill to be taken to the nearest emergency center by the staff of _____ Centre when I cannot be contacted. I consent to an ambulance being called to transport the child, if necessary.

_____ Date

_____ Signature of Parent/Guardian

EMERGENCY INFORMATION

Child's Name: _____ *Birthdate:* _____

Address: _____

Parent Name: _____ *Phone:* _____ *Bus:* _____

Parent Name: _____ *Phone:* _____ *Bus:* _____

Emergency Contact: _____ *Phone:* _____ *Bus:* _____

Out of Province Emergency Contact: _____ *Phone:* (____)_____

Child's Physician: _____ *Phone:* _____

Date of Most Recent Tetanus Shot: _____

Care Card No.: _____

Medical Conditions/Allergies: _____

Medications: _____

Child's Dentist: _____ *Phone:* _____

Email: _____