

Emergency Consent Form

Child's Name: _____

Sex: F M Birthdate: _____

Height: _____

Weight: _____

Hair Color: _____ Eye Color: _____

Child's Doctor: _____

Phone: _____

Recent Tetanus Shots: _____

Allergies/Medications: _____

Child's Dentist: _____

Phone: _____

Parent/Guardian:

Name: _____

Phone: _____

Name: _____

Phone: _____

Address: _____

Emergency Contact:

Name: _____

Phone: _____

Consent Form

Child's Name: _____

Status #: _____

Child's Care Card #: _____

It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency center.

I authorize the staff at the **Little Fawn Nursery** to: call a physician, take my child to the nearest hospital or call an ambulance for emergency medical help should the person(s) in attendance feel such services are required and I cannot be contacted. If such emergency should arise, I shall be notified immediately. Any cost incurred for such services shall be my responsibility.

Parent/Guardian Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date