

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