



FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Parent/Guardian Emergency Contact Info

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____

Cell Phone: _____

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

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____

Cell Phone: _____

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

Emergency Contacts *(In order to be contacted if parent/guardian cannot be reached)*

1. Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

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

2. Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

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

Parent /Guardian Signature

Date (valid for one year)

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____