



# EMERGENCY CONSENT CARD

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MM/DD/YYYY \_\_\_\_\_

M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

TEL (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

TEL (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

TEL (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

DOCTOR \_\_\_\_\_

TEL \_\_\_\_\_

DENTIST \_\_\_\_\_

TEL \_\_\_\_\_

CHILD IMMUNIZED

YES \_\_\_\_\_

NO \_\_\_\_\_

LAST TETANUS \_\_\_\_\_

MMR \_\_\_\_\_

H/B \_\_\_\_\_

ALLERGIES/ MEDICATION/ DISABILITIES? \_\_\_\_\_

MEDICAL PLAN ID# \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_

Over >>>>

CONSENT FORM

FOR MY CHILD \_\_\_\_\_

It is our policy 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. Please sign the consent below so that we can take appropriate actions. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) in charge of CORNERSTONE CHILDREN'S CENTRE to call a physician; take my child to the nearest emergency centre; or summon an ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be my sole responsibility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Persons Authorized to pick up child and phone numbers: \_\_\_\_\_

\_\_\_\_\_