



DATE: _____

NAME OF FACILITY: _____

CHILD'S NAME: _____ BIRTHDATE: _____

SURNAME FIRST NAME YYYY/M/D

ADDRESS: _____

CHILD LIVES WITH: _____

MOTHER'S NAME: _____

WORK NUMBER: _____ HOME PHONE: _____ CELL PHONE: _____

FATHER NAME: _____

WORK NUMBER: _____ HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

CHILD'S M.D: _____ PHONE: _____

CHILD'S DENTIST: _____ PHONE: _____

1) ALLERGIES: _____

2) MEDICATIONS: _____

CARE CARD #: _____ DATE EFFECTIVE: _____

- 1) It is the policy of the centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact the parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the care facility staff when I cannot be contacted.
- 4) I hereby give consent for my child _____ to receive medical treatment.
- 5) Next of Kin: _____
(Name, Address and phone number)
- 6) List any individuals that do NOT have permission to pick up the above named child (we will require a copy of any current court order): _____

(First and Last Name required)

PHOTO

Signature of Parent/Guardian

Witness