

# FIRST AID AND MEDICAL EMERGENCY 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 # \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

## Emergency Contacts (In Order To Be Contacted)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

\_\_\_\_\_  
Date