



EMERGENCY - CONSENT CARD

Name _____ Sex: M ___ F ___ Birth date _____
Surname First Name Day/Month/Year

Address _____

Mother's Name _____ Home Tel _____ Work Tel _____ Cell _____

Father's Name _____ Home Tel _____ Work Tel _____ Cell _____

Emergency Contact _____ Tel _____

Child's Doctor _____ Tel _____

Most Recent Tetanus Shot _____ MMR _____

Allergies/Medications _____ Medical Conditions _____

Child's Dentist _____ Tel _____

CONSENT FORM

For my child _____ Medical Number _____

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 action on behalf of your child. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) in charge of _____recCentre

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 the sole responsibility of myself.

Date Signature of Parent/Guardian

It is the responsibility of the parent to update emergency information. Please advise staff of any changes.

Program _____