

EMERGENCY RELEASE

CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION

I hereby give permission that my child, _____ may be given emergency treatment if necessary. I also give my permission for my child to be transported by car, ambulance, or aid car to an emergency center for treatment.

Parent's Signature: _____ Date: _____

CONSENT TO MEDICAL CARE & TREATMENT

In the event that I or my emergency contacts can not be contacted immediately, medical treatment can be administered to my child by a treating physician.

Parent's Signature: _____ Date: _____

EMERGENCY INFORMATION

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Co: _____ Phone: _____

Regular Medications: _____

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Health Conditions: _____

This, including a current copy of the child's immunization records (must be submitted within first week of care) shall be kept in the child's file at the childcare facility.