



CHILD CARE

EMERGENCY CONSENT FORM

Please attach
child's photo
to this form.

CCFL3, Rev 04-2009

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____
PARENT'S NAME: _____ HOME PHONE: _____
CELL PHONE: _____ WORK PHONE: _____
EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____
OUT OF TOWN CONTACT: _____ PHONE: _____
CHILD'S DOCTOR: _____ PHONE: _____
DATE OF MOST RECENT TETANUS SHOT: _____
ALLERGIES / MEDICATIONS: _____
CHILD'S DENTIST: _____ PHONE: _____
CARE CARD NUMBER _____

CONSENT

- 1) It is the policy of this facility 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. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN

WITNESS

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Provided by VCH – Community Care Facilities Licensing