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## **EMERGENCY CONSENT CARD**

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|---|--|
| CHILD'S NAME:  SURNAME FIRST NAME   | BIRTHDATE:   |
|   | (S) YEAR / MONTH / DAY                               |
| ADDRESS:  |  |
|   | CHILD LIVES WITH:                                    |
| MOTHER'S NAME:  |  |
| WORK PHONE:   | HOME PHONE:  |
| FATHER NAME:  |  |
| WORK PHONE:   | HOME PHONE:  |
| EMERGENCY CONTACT:  | PHONE:   |
| CHILD'S M.D.:   | PHONE:   |
| 1) ALLERGIES  |  |
| 2) MEDICATIONS:   |  |
| CHILD'S DENTIST:  | PHONE:   |
| CARE CARD #   | DATE EFFECTIVE:                                      |
| PRINTSHOP #252700 REV:17FEB00 OW  |  |
| CONSENT F   | FORM   |
| It is the policy of this centre to notify a par<br>medical attention. Occasionally we cannot<br>immediate help for the child. Our procedure<br>emergency service. | contact parente and we need to                       |
| Please sign the consent below so that we of your child. Return the signed consent to this consent with us to the emergency cent hereby give consent for my child  | the centre immediately. We will take                 |
| I hereby give consent for my child taken to the nearest emergency centre by be contacted.   | when ill to be the Care Facility Staff when I cannot |
| I hereby give consent for my child<br>medical treatment.  | to receive   |
|   |  |
| W =   | SIGNATURE OF PARENT/GUARDIAN                         |
|   |  |
| PICTURE   |  |
|   | WITNESS  |
|   | DATE   |
|   |  |

Personal information contained on this form is collected under the Community Care Facility Act and will be used only for the purpose Indicated.

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