

**EMERGENCY
 CONSENT CARD**

Please attach
 child's photo
 to this card.

- 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 take the child to the nearest emergency service.
- 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 center.
- 3) I hereby give consent for my child _____, when ill, to be taken to the nearest emergency center by the Licensed Care Facility Staff 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

 CARE CARD NUMBER:

 Child's Dentist: Phone:

 Allergies / Medications:

 Date Of Most Recent Tetanus Shot:

 Child's Doctor: Phone:

 Out Of Town Contact: Phone:

 Emergency Contact: Phone:

 Cell Phone: Work Phone:

 Parent's Name: Home Phone:

 Cell Phone: Work Phone:

 Parent's Name: Home Phone:

 Address:

 Child's Name: Surname First Name(S) Birth date: Year/Month/Day