

Emergency Medical Consent Form

_____ has my permission to obtain
emergency medical treatment for my child, _____

Mother/Guardian's Name _____

Phone _____ Cell Phones _____

Email Address _____

Father/Guardian's Name _____

Phone _____ Cell Phones _____

Email Address _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital treatment center _____

My child is taking the following medications

My child is taking the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained
by my child while he/she is in child care.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date