

PARENTAL EMERGENCY MEDICAL CONSENT

The following is permission for medical care in parental absence.
This form must be presented upon admission for treatment.

Child's Full Name: _____

In the event that my child may require medical and / or surgical care while I am out of town or unable to be reached, I hereby give my consent to medical and/or surgical treatment for my child. I agree to pay the entire costs and fees contingent on any emergency medical care and / or treatment for my child as secured or authorized under this consent.

_____ **Signature of Parent** _____

_____ Date

Name of Parent: _____

Address: _____

Home Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____

Address: _____

Insurance Company: _____

Insurance Policy Number: _____

Person(s) to be contacted in emergency if parent is unavailable:

| Name | Home Phone | Work Phone | Relationship |
|-------|------------|------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

This consent will be in effect beginning _____ and continuing while this child is
(Date)

enrolled in the childcare facility. I will let the teachers know if changes need to be made with insurance, hospital, doctor, or person(s) to contact in an emergency.

_____ **Signature of Parent** _____

_____ Date