

Bright Beginnings Child Care

285 Seminary Street

Roanoke IN 46783

Consent For Treatment

I hereby constitute and appoint Bright Beginnings Child Care, 285 Seminary Street Roanoke IN, my true and lawful attorney for the purpose of any procedure determined to be necessary after consultation with the Emergency or Family Physician, for my child(ren).

Child's Name	Birthdate	Allergies/Problems	Last Tetanus
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Relationship: \_\_\_\_\_

Mother, Father, Legal Guardian