



Licensed Childcare Centre

Emergency Consent Card

Child Name: _____ (Boy/Girl)

Birthday (year/month/day): _____ Date Enrolled _____

Address: _____

Postal Code: _____ Phone: _____

Primary Caregiver: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Second Caregiver: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Emergency Contacts other than Child's Parents who are authorized to pick up child or be contacted in an emergency

Name _____ Home# _____ Alternate# _____ Relationship _____

Name _____ Home# _____ Alternate# _____ Relationship _____

Other Authorized Pick Up Persons: _____

Child's Care Card # _____ Child's Dental # _____

Doctor: _____ Phone _____

Dentist: _____ Phone _____

Allergies/Medication/Special Conditions: _____

_____ Late Tetanus Shot: _____

1) It is our policy to notify a parent immediately 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 appropriate action in behalf of your child. Return the signed consent to the centre immediately. This consent will be taken with your child to the emergency centre.

3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre when I cannot be contacted.

4) I hereby give consent for my child _____ to receive medical treatment, including emergency surgery, deemed medically necessary for the physical well-being of the child.

Signature of Parent/Guardian

Date

