



**EMERGENCY MEDICAL CONSENT FORM**

CHILDREN'S LEARNING PARADISE has my permission to obtain emergency medical treatment for my child \_\_\_\_\_ When I can not be reached or if a delay in reaching my child would be dangerous for him/her.

**Mother/Guardian's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Father/Guardians' Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

My insurance provider is: \_\_\_\_\_

My child's insurance member number is: \_\_\_\_\_

My child is taking the following medications: \_\_\_\_\_

My child has 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/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date