

Medical Emergency Treatment Consent Form

I _____ (name of parent), give permission for **Kid Central Child Care** to provide all necessary emergency medical, dental or other care for _____ (name of child). This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

The provider is required to try to contact me, the other parent or legal guardian at one of the below telephone numbers. At no time will the provider attempt to drive the sick or injured child to an emergency medical facility.

A photocopy of my child's insurance information is attached.

Parent or Legal Guardian's Name _____

Telephone Numbers _____ (day)

Telephone Numbers _____ (evening)

Telephone Numbers _____ (Cell or other)

Parent or Legal Guardian's Name _____

Telephone Numbers _____ (day)

Telephone Numbers _____ (evening)

Telephone Numbers _____ (Cell or other)

Emergency contact (Friend or relative NOT living in the home)

Name _____

How do you know this person: _____

Telephone Numbers _____ (day)

Telephone Numbers _____ (evening)

Telephone Numbers _____ (Cell or other)

(Signature of parent or legal guardian)

Date