

Emergency Consent Form

Early Scholars Preschool

Name of Child: _____

Date of Birth: _____ Male or Female: --- _____

Address: _____

Home Phone: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact Address: _____

Child's Doctor: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

H/C Number: _____ Date Effective: _____

Allergies/Medications/Health Conditions: _____

Previous History of Communicable Diseases (i.e. chicken pox): _____

1. It is the policy of **Early Scholars Preschool** to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we cannot contact parents/guardians and we need to get immediate medical assistance 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 on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child _____ when ill or injured to be taken to the nearest emergency centre by the staff at **Early Scholars Preschool** when I cannot be contacted.
4. I hereby give consent for my child _____ to receive medical treatment.

Date: _____

Signature of Parent/Guardian: _____

Signature of Supervisor: _____