

**Brookwood Kids Place
EMERGENCY CONSENT FORM**

Child's Name: _____ Birthdate: _____

Address: _____

Child Lives With: _____

Parent's Name(s): _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Child's MD: _____ Phone: _____

1) Allergies: _____

2) Medications: _____

Child's Dentist: _____ Phone: _____

Care Card #: _____ Date Effective: _____

CONSENT

1) It is the policy of this centre to notify a parent 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 ensure that the child is taken to the nearest emergency service, either by facility staff or by emergency vehicle.

2) Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to the emergency centre.

3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent/guardian.

4) I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian: _____

Name and signature of Witness: _____

Please attach a current picture of your child. Date: _____