First Aid and Emergency Medical Care Consent Form

Child's name_____ Date of Birth:_____

Parent/Guardian 1 Name:_____ Evening Phone:_____

Daytime phone:_____ Cell Phone:_____

Parent/Guardian 2 Name:_____ Evening Phone:_____

Daytime Phone:_____ Cell Phone:_____

I authorize staff at Nature Center Preschool who are trained in the basics of first aid to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to_____, and to secure necessary medical treatment for my child.

Child's physician name:_____ Phone number:_____

Address:_____

Health insurance provider:_____ Policy#:_____

Child's allergies:_____

Chronic medical conditions*_____

(*If child has any chronic medical conditions diagnosed by a licensed health care practitioner, an Individual Health Care Plan is required. Please see Director for more information.)

Required treatment including medication for chronic medical condition_____

_____

Emergency Contacts/Authorized Pick up other than Parents/Guardians (In order to be contacted)

1.Name:_____ Relationship to Child:_____

Address:_____ Phone:_____

Do you give permission for child to be released to this person? ___yes ___no

Do you give permission for your child's medical records to be released to this person? ___yes ___no

2.Name:_____ Relationship to Child:_____

Address:_____ Phone:_____

Do you give permission for child to be released to this person? ___yes ___no

Do you give permission for your child's medical records to be released to this person? ___yes ___no

3.Name:_____ Relationship to Child:_____

Address:_____ Phone:_____

Do you give permission for child to be released to this person? ___yes ___no

Do you give permission for your child's medical records to be released to this person? ___yes ___no

Parent/Guardian signature_____ Date_____