

First Aid & Medical Emergency Care Consent Form

102.CMR 7.09(3)

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid 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's Name: _____

Address: _____ Telephone: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (in order to be contacted)

Parent or Guardian: _____ Phone (h) _____

(First to be contacted in case of an emergency) Phone (w) _____

Parent or Guardian: _____ Phone (h) _____

(Second to be contacted in case of an emergency) Phone (w) _____

Other contacts, in order:

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Health Insurer: _____ Policy #: _____

Parent/Guardian's Signature: _____ Date: _____

Address: _____ Phone: _____