



EMERGENCY CONSENT CARD

Name of Facility _____

Child's Name: _____
Surname First Name(s)

Birthdate: _____
Year / Month / Day

Address: _____

Gender of Child: _____

1. Parent's Name: _____ Child lives with: _____
 Work Phone: _____ Home Phone: _____

2. Parent's Name: _____
 Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

1. Allergies _____
 2. Medications _____

Care Card #: _____

PrintShop #252700 Revised August 2019

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CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

- I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
- I give consent for my child to receive medical treatment.

Signature of Parent/Guardian

Witness

Date

Picture
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

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