EMERGENCY CONSENT CARD

Name of Facility

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

Birthdate: __________________________ Year / Month / Day

Address: __________________________________________

Gender of Child:  [ ] Male  [ ] Female

1. Parent's Name: ___________________________
   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

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.

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

2. I give consent for my child to receive medical treatment.

Signature of Parent/Guardian

Picture of Child

Witness

Date

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.