 **Emergency Treatment**

**Consent Form**

**I** hereby give MY PERMISSION for my child/children:

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to be given EMERGENCY TREATMENT (First Aid and CPR) by a qualified staff member at A Little Dreamer’s Child Care Center.

I also give my permission for my child/children to be transported by ambulance, aide car, or staff car to an emergency center for treatment.

IF I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

In case of emergency, and if emergency transportation is needed, I agree to pay all costs of transportation.

**Child’s Physician: \_\_\_**

**Physician’s Address: \_\_\_\_\_**

**Preferred Hospital: \_\_\_**

**Hospital Address: \_\_\_**

Clinic or Hospital Phone Number: \_\_\_\_

Medical Insurance: \_\_\_\_

Insurance Number: \_\_\_

Date of last tetanus (or DPT): \_\_\_

Allergies: \_\_

Father’s Name (PRINT): \_\_

Mother’s Name (PRINT): \_\_

Father’s Signature: Date: \_\_\_\_\_

Mother’s Signature: Date: \_\_\_\_\_\_