

# CONSENT FOR EMERGENCY TREATMENT

<b>Child's Name:</b>	
<b>Date of Birth:</b>	
<b>Social Security:</b>	

TO BE GIVEN EMERGENCY TREATMENT (FIRST AID AND CPR) BY A QUALIFIED STAFF MEMBER AT THE ***ALL BLESSED CHILDREN EARLY LEARNING CENTER*** AS NEEDED.

I ALSO GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE AND TREATED BY EMT STAFF AS NEEDED TO AN EMERGENCY CENTER IN THE CASE OF AN EMERGENCY THAT CAN NOT BE HANDLED AT THE CENTER AND DEEMED NECESSARY BY THE STAFF.

IN THE EVENT THAT 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 THE CASE OF THE EMERGENCY AND IF EMERGENCY TRANSPORTATION IS NEEDED, I \_\_\_\_\_ AGREE TO PAY ALL COSTS INVOLVED EITHER WITH INSURANCE OR PRIVATELY.

### **INFORMATION THAT MIGHT BE NEEDED IF AN EMERGENCY ARISES:**

Physicians name:	
Phone:	
Preferred Hospital:	

### **MEDICAL INSURANCE:**

Name of Company:	
Address:	
Phone:	
Insurance card # & Group #:	

*(Please provide a copy of your insurance card)*

Date of last tetanus:	
Allergies:	
Parent Signature:	Date: