



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: _____

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

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.