

Please attach Child's
Photo to this form

EMERGENCY – PERMISSION CARD

Child's Name: _____ D.O.B. _____
(Surname, First) (year, month, day)

Address: _____
Home Phone: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Date of most recent Tetanus Shot: _____

Child's Doctor: _____ Phone: _____

Medical Number: _____

Allergies/Medications: _____

Child's Dentist: _____ Phone: _____

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PERMISSION FORM:

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for the facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
2. I hereby authorize the staff at _____ child care facility to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any costs incurred for such services.

(Date)

(Signature of Parent/Guardian)

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