

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

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WORK PHONE

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LIC 627 (5/01) (CONFIDENTIAL)

EMERGENCY TRANSPORTATION AGREEMENT

Purpose: In order to comply with N.A.E.Y.C. requirements for the highest pre-school accreditation, Discovery is required to have on file for each child an emergency transportation agreement signed by the child's parents permitting Discovery to either transport the child, or arrange for transportation of the child, in the event of a medical emergency. The Emergency Transportation Agreement provided below for your signature is intended to fulfill these requirements.

Agreement: In the event the undersigned's child sustains a serious bodily injury or other medical emergency while participating in classes at Discovery Parent-Child Preschool ("Discovery") or while participating in a Discovery class field trip, which, in the reasonable opinion of the Director or a Teacher of Discovery requires immediate emergency medical treatment, the undersigned does hereby authorize Discovery, including its Director and Teachers, to arrange for emergency transportation to the nearest hospital or other medical facility. In such an event, the undersigned does hereby release and agrees to hold harmless Discovery, including its Director and Teachers, from any and all liabilities and actions which may arise in connection with such emergency transportation.

Date: _____

Father's signature

Mother's signature

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The following section is optional. This information is requested by the State of California Dept. of Health Services for demographic reasons.

CHILD'S RACE/ETHNICITY: White, not hispanic
 Hispanic
 Black
 Other _____

CHILD'S BIRTHPLACE: _____