

EMERGENCY CONSENT FORM

CHILD'S NAME: _____
FIRST NAME SURNAME

BIRTHDATE: _____
YEAR / MONTH / DAY

ADDRESS: _____

PARENT / GAURDIAN'S NAME: _____

CELL PHONE: _____ HOME PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CARE CARD NUMBER: _____

Every attempt will be made, by CUPE Staff, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign the consent below so that we can take the appropriate action on behalf of your child. We will take this consent with us to the emergency centre.

I hereby give consent for my child, _____ when ill to be taken to the nearest emergency centre by the CUPE Staff when I can not be contacted.

I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT/GAURDIAN

WITNESS