

# Consent form for emergency care and transportation



Name of child: \_\_\_\_\_

Date: \_\_\_\_\_

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital will be \_\_\_\_\_

\_\_\_\_\_

or the doctor contacted will be (include doctor's name and address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent's signature \_\_\_\_\_

Centre director's or child care operator's signature \_\_\_\_\_