

Children's Emergency Consent Form

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care made be unnecessarily delayed. To protect your child, lease a completed EMERGENCY CONSENT FORM with your childcare program. In the event of a medical emergency, the form should accompany your child to the hospital.

I hereby authorize Happy Go Lucky Childcare to give consent for all medical and/or surgical treatment that may be required for our child during our absence from

(date) _____ until (date) _____.

Child's Full Name: _____

Date of Birth: _____

Social Security Number: _____

Chronic Illnesses: _____

Allergies: _____

Current Medications: _____

Date of Last Tetanus Immunization: _____

Physician: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone of parent/guardian: _____

Employer: _____ Telephone: _____

Health Insurance Co: _____

Member #: _____ Group #: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Emergency Contact (other than parent/guardian): _____

Emergency Contact Telephone: _____

Parent/Guardian Signature: _____

Date: _____