

H515A-8C/09

CONSENT RE: ILL CHILD

FACILITY: _____
NAME

DATE: _____
YEAR / MONTH / DAY

ADDRESS

SUPERVISOR/OPERATOR

Dear Parent:

**CONSENT FOR ILL CHILD TO BE
TAKEN TO EMERGENCY WHEN
PARENT CANNOT BE CONTACTED**

It is our policy that we notify a parent 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 appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take the consent with us to the emergency centre.

I hereby give consent for my child(ren) _____ when ill to be taken to the nearest emergency centre by the Care Facility Staff when I cannot be contacted.

DATE: _____

NAME OF PARENT/GUARDIAN

NAME OF CHILD(REN)

ADDRESS CITY

PHONE

OFFICE HOME

ALLERGIES

MEDICAL PLAN NO. _____

PHONE

FAMILY DOCTOR _____
NAME

