

# Consent form for emergency care and transportation



Ask parents or guardians with children in your care to fill out this form;  
and then file it away for reference during emergencies.

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 their 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 these actions may be taken before 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 \_\_\_\_\_

