## **Emergency Consent Form**

Height: Weight:	Hair Color:	Eye Color:
Child's Doctor:		
Recent Tetanus Shots:		
Allergies/Medications:	_	
Child's Dentist:	Phone:	
Parent/Guardian:		
Name:	Phone:	
Name:	Phone:	
Address:		
Emergency Contact:		
Name:	Phone:	
Child's Name:	Consent Form	
Status #:	Child's Care Card #:	
	e medical help, parental consent is ne	dical attention. If we are unable to contact cessary for facility staff to take appropriate nergency center.
	should the person(s) in attendance fee	child to the nearest hospital or call an el such services are required and I cannot be ny cost incurred for such services shall be my
Parent/Guardian Signature	Print Name	Date
 Parent/Guardian Signature	Print Name	 Date