

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child/children _____
may be given emergency treatment (first aid and CPR) by a qualified staff member at Lucky Charms Day Care LLC.

I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed, I _____
agree to pay all cost accumulated.

Child's physician: _____

Physician's address: _____

Preferred hospital: _____

Clinic or hospital phone number: _____

Medical insurance: _____

Insurance number: _____

Date of last tetanus (or DPT) _____

Allergies: _____

Father's name: _____

(Father's Signature)

(Date)

Mother's name: _____

(Mother's Signature)

(Date)