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 Bumble Day Care.

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 the 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 costs of transportation.

Child's physician:.....

Physician's address:.....

Preferred hospital:.....

Hospital address:.....

Clinic or Hospital phone number:.....

Medical insurance:.....

.....
Insurance
numbers:.....
.....
Date of last tetanus (or
DPT):.....
.....
Allergies:.....
.....

Mother’s name:.....
Mother’s Signature:.....
Date:.....

Father’s name:.....
Father’s Signature:.....
Date:.....