

Devereux School

First Aid and Emergency Medical Consent Form

Child's Name _____ Date of Birth _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician's Name _____

Physician's Address _____

Phone Number _____

Child's Allergies _____

Chronic Health Conditions _____

Health Insurance Coverage _____ Policy # _____

Emergency Contacts (in order to be contacted)

1. Name _____ Address _____

Relationship to child _____ Phone _____

Do you give permission for child to be released to this person? YES NO

2. Name _____ Address _____

Relationship to child _____ Phone _____

Do you give permission for child to be released to this person? YES NO

3. Name _____ Address _____

Relationship to child _____ Phone _____

Do you give permission for child to be released to this person? YES NO

4. Name _____ Address _____

Relationship to child _____ Phone _____

Do you give permission for child to be released to this person? YES NO

Parent/Guardian Signature

Date