

CONSENT FORM

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the Care Facility Staff when I cannot be contacted.
- 4) I hereby give consent for my child _____ to receive medical treatment.

DATE

SIGNATURE OF PARENT/GUARDIAN

WITNESS

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