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CONSENT FOR EMERGENCY MEDICAL CARE

I, _____
 MOTHER / FATHER / LEGAL GUARDIAN

hereby give my consent to _____
 CAREGIVER / DAYCARE CENTER

who will be caring for my child _____
 NAME / DATE OF BIRTH

for the period _____ to _____ to arrange
 for emergency medical / surgical / dental care and treatment (including diagnostic
 procedures) necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with any
 care and treatment rendered.

PLEASE PRINT

Name _____ Insurance _____

Address _____ I.D. # _____

_____ Group # _____

Phone # _____

Work # _____

Pediatrician _____

Address _____ Child's Allergies _____

_____ Date of last tetanus shot _____

Phone # _____

Medicines _____

Signature _____

Date _____

In case of emergency, I can be reached at _____
