



CONSENT FOR EMERGENCY TREATMENT

I HEARBY GIVE MY PERMISSON FOR MY CHILD: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: NA
TO BE GIVEN EMERGENCY TREATMENT (FIRST AID AND CPR) BY THE DIRECTOR/STAFF @
MAGNANIMOUS KIDS CHILDCARE & LEARNING CENTER.

I ALSO GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE AND
TREATED BY EMT STAFF AS NEEDED TO AN EMERGENCY CENTER IN THE CASE OF AN
EMERGENCY THAT CAN NOT BE HANDLED AT THE CENTER CHILDCARE LOCATION AND
DEEMED NECESSARY BY THE DIRECTOR/STAFF MEMBER.

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 THE CASE OF THE EMERGENCY AND IF EMERGENCY TRANSPORTATION IS NEEDED, I
_____ AGREE TO PAY ALL COSTS INVOLVED EITHER WITH
INSURANCE OR PRIVATELY.

INFORMATION THAT MIGHT BE NEEDED IF AN EMERGENCY ARISES:

CHILDS PHYSICAN: _____ PHONE #: _____

PREFERRED HOSPITAL IF THERE IS A CHOICE:

MEDICAL INSURANCE:

NAME OF COMPANY: _____

INSURANCE #: _____

IF MILITARY, TYPE OF INSURANCE CATEGORY: _____

DATE OF LAST TETANUS: _____

ALLERGIES: _____

Regular Medications: _____

Blood Type: _____

Medicine allergic to: _____

Any special health conditions: _____

FATHERS NAME: _____ SIGNATURE: _____

AND / OR

MOTHERS NAME: _____ SIGNATURE: _____