

KIDS' CARE

Emergency Medical Consent Form

I authorize the Kids' Care Director, Head Teacher, Teacher or Teacher Aid to have an emergency vehicle transport my child to the hospital through 911, if necessary. I authorize a licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for Child's Name: _____, DOB _____, while in the care of the Kids' Care Program.

I authorize a Kids' Care or EMS Staff Member to administer first aid to my child. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment that the physician may deem advisable in the exercise of his/her best judgment. I presume a reasonable attempt will be made to contact me at:

Work Phone: _____ Home Phone: _____
Cell Phone: _____ Email: _____

Any expenses related to emergency medical care will be the responsibility of the child 's parent(s) or legal guardian(s).

Medical Insurance Company: _____ Policy # _____

Child's physician: _____ Phone: _____

Physician's address: _____

Preferred Hospital: _____ Preferred Surgeon(s): _____

Allergies: _____

Medical problems: _____

Child's Dentist: _____ Phone: _____

Dentist's address: _____

I agree to be responsible for updating the above information. I have read and agreed to the conditions stated above.

Signed: _____ Date: _____

Parent/Legal Guardian

Please Print Name: _____

/Emergency Med ConsentForm