fraserhealth NAME OF FACILITY: _____

EMERGENCY CONSENT CARD

HILD'S NAME: _____ BIRTHDATE: _____
SURNAME FIRST NAME(S) YEAR/MONTH/D

DDRESS: _____

_____ CHILD LIVES WITH: _____

IOTHER'S NAME: _____

/ORK PHONE: _____ HOME PHONE: _____

ATHER'S NAME: _____

/ORK PHONE: _____ HOME PHONE: _____

MERGENCY CONTACT: _____ PHONE: _____

HILD'S M.D.: _____

) ALLERGIES: _____

. MEDICATIONS: _____

HILD'S DENTIST: _____ PHONE: _____

ARE CARD #: _____ DATE EFFECTIVE_____

S:1215 17FEB00 (

CONSENT FORM

) It is the policy of this centre 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.

) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent with us to the emergency centre.

) 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.

) I hereby give consent for my child _____ to receive medical treatment.

_____
SIGNATURE OF PARENT/GUARDIAN

PICTURE

_____
WITNESS

DATE: _____

Personal information contained on this form is collected under the Community Care Facility Act and will be sued only for the purpose indicated