



# Emergency Medical Consent

*A Learning Preschool*

I hereby give permission for my child/children \_\_\_\_\_ to be given emergency treatment (first aid and CPR) by a qualified staff member at Tiny City Academy. I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment. 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 case of emergency, and if emergency transportation is needed, I \_\_\_\_\_ agree to pay all costs of transportation.

## IN CASE OF EMERGENCY, I/WE CAN BE REACHED AT:

\_\_\_\_\_  
**Mother/Guardian** ( ) \_\_\_\_\_  
Work Phone Number  
( ) \_\_\_\_\_  
Home Phone Number ( ) \_\_\_\_\_  
Alternate Home Phone Number

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Street Address: City State Zip Code

\_\_\_\_\_  
Home Street Address: City State Zip Code

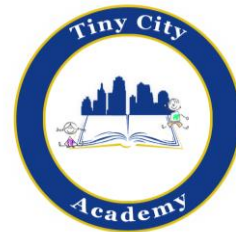
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\_\_\_\_\_  
**Father's Name** ( ) \_\_\_\_\_  
Work Phone Number  
( ) \_\_\_\_\_  
Home Phone Number ( ) \_\_\_\_\_  
Alternate Home Phone Number

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Street Address: City State Zip Code

\_\_\_\_\_  
Home Street Address: City State Zip Code



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Child's physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Hospital address: \_\_\_\_\_

Clinic or Hospital phone number: \_\_\_\_\_

Medical insurance: \_\_\_\_\_

Insurance numbers: \_\_\_\_\_

Allergies: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_