



# EMERGENCY CONSENT CARD

Child's Name: \_\_\_\_\_  
Surname First Name(s)

Address: \_\_\_\_\_  
\_\_\_\_\_

1. Parent's Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

2. Parent's Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

1. Allergies \_\_\_\_\_

2. Medications \_\_\_\_\_

Care Card #: \_\_\_\_\_

Name of Facility \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Year / Month / Day

Gender of Child: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

# CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Picture  
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.