

## EMERGENCY – PERMISSION CARD

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Surname, First Year, month, day

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

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

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Date of Most Recent Tetanus Shot: \_\_\_\_\_

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

Medical Number: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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### PERMISSION FORM

1. It is our policy that we 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.
2. 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.

3. 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.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

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