## **EMERGENCY – PERMISSION CARD**

Child's Name:		D.O.B:	
Address.	Surname, First		nth, day
/ (dd   C33		Home Phone:	
Mother's Name		 _ Work Phone:	
Father's Name:		Work Phone:	
Emergency Co	ntact:	Phone:	
Date of Most R	ecent Tetanus Shot: _		
Child's Doctor:		Phone:	
Medical Number	er:		
Allergies/Medic	ations:		
Child's Dentist:		Phone:	
		EMERGENCY	– PERMISSION CARD
Child's Name:		D.O.B:	
Address:	Surname, First	Year, mo	nth, day
		Home Phone:	
Mother's Name	:	_ Work Phone:	
Father's Name:		Work Phone:	
Emergency Co	ntact:	Phone:	
Date of Most R	ecent Tetanus Shot: _		
Child's Doctor:		Phone:	
Medical Number	er:		
Allergies/Medic	ations:		
Child's Dentist:		Phone:	
		<b>EMERGENCY</b>	- PERMISSION CARD
Child's Name:		D.O.B:	
Address:	Surname, First	Year, mo	
		Home Phone:	

Mother's Name:	_ Work Phone:	_
Father's Name:	Work Phone:	<u> </u>
Emergency Contact:	Phone:	
Date of Most Recent Tetanus Shot:		_
Child's Doctor:	Phone:	<u> </u>
Medical Number:		<u> </u>
Allergies/Medications:		<u> </u>
Child's Dentist:		
	EMERGENCY – PERM	MISSION CARD
Child's Name:	D.O.B:	<u></u>
Surname, First Address:	Year, month, day	
		_ _
Mother's Name:	_ Work Phone:	_
Father's Name:	Work Phone:	
Emergency Contact:	Phone:	<u></u>
Date of Most Recent Tetanus Shot:		_
Child's Doctor:	Phone:	
Medical Number:		<u> </u>
Allergies/Medications:		
Child's Dentist:		
DED	MISSION FORM	

## 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.

I	hereby	give		en ill		my e taken	
	est emergency ntacted.	/ centre by	the Car	e Fac	ility Sta	iff when	cannot
Date			Si	gnatu	re of P	arent/G	uardian
		PE	RMIS	SIOI	N FOI	RM	
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actior centre	e sign the control on behalf of the immediately gency centre.	of your chi	ld. Retui	rn the	signed	l consen	t to the
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Date			Si	gnatu	re of P	arent/G	uardian
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	hereby est emergency ntacted.	give / centre by		en ill		my e taken iff when	

Date	Signature of Parent/Guardian
	PERMISSION FORM
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action on behal	e consent below so that we can take appropriate of of your child. Return the signed consent to the extetly. We will take this consent with us to the re.

1.

2.

3.

Date

Signature of Parent/Guardian