

Teachable Moments

First Aid Emergency Medical Consent Form

Child's Name: _____

Date of Birth: _____

Child's home address: _____ Phone: _____

Instructions to reach Parent/Guardian:

1. _____
(Name, Address, Phone#)

2. _____
(Name, Address, Phone#)

Pediatrician or Source of Health Care

1. _____
(Doctor's Name, Address, Phone#)

Emergency contact Person(s) and Release Person(s)

I hereby give permission for my child to be released from the program and/or to be received at the end of the program to the following people:

1. _____
(Name, Address, Phone#, Relationship)

2. _____
(Name, Address, Phone#, Relationship)

3. _____
(Name, Address, Phone#, Relationship)

Medical Emergency Treatment and Release Information

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____.

(Name)

However, if I cannot be reached I hereby authorize Teachable Moments Childcare Center to transport my child to the _____ Hospital (or nearest hospital) and to

(Name of Hospital)

secure for my child the necessary medical treatment. I understand the staff members at Teachable Moments Childcare Center are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

(Parent Signature)

(Date)

Insurance Information (Optional)

Company Name: _____ Policy #: _____

Participating Hospital: _____

Special Instructions: _____