

Building Blocks Preschool Emergency Consent Card



Child's Name: _____ Birthdate: _____

Address: _____

Child lives with: _____

Parent's Name: _____ Work Phone: _____ Home Phone: _____

Parent's Name: _____ Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Allergies: _____

Medications: _____

Care Card #: _____

If Building Blocks Preschool is unable to contact a parent or alternative contact in the case of an emergency and we need to get immediate help for the child, we will ensure that the child is taken to the nearest emergency service, either by facility staff or by emergency vehicle.

I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted. Any associate costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent/guardian.

I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian: _____