



# 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: \_\_\_\_\_