

**EMERGENCY MEDICAL CONSENT FORM**

Maison Kinder has my permission to obtain emergency medical treatment for my child,  
\_\_\_\_\_ when I cannot be reached or if a delay in reaching my child  
would be dangerous for him/her.

**Mother/Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Child medical card number \_\_\_\_\_

My child is taking the following medications

\_\_\_\_\_

My child has the following allergies

\_\_\_\_\_

**CONSENT**

- 1) It is the policy of Maison Kinder to 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 call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency center.
- 3) I hereby give consent for my child \_\_\_\_\_ to be taken to the emergency center when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date