

CONSENT FOR EMERGENCY MEDICAL/DENTAL CARE

I hereby give consent for any emergency medical/dental care and/or surgery as needed and recommended by a duly licensed physician and/or dentist for my child(ren):

While my child(ren) is (are) in day care at the licensed child care home of _____.

I understand that I will be notified as soon as possible of any major medical or surgical care needed.

(Witness)

(Parent)

(Maternal Grandparent if Mother is under 18)

Dated this _____ day of

_____, 20__

EMERGENCY NUMBERS

MOTHER AT WORK/SCHOOL: _____

FATHER AT WORK/SCHOOL: _____

GRANDPARENT/CLOSE RELATIVE OR FAMILY
FRIEND: _____

CHILD(REN) PHYSICIAN: _____

CHILD(REN) DENTIST: _____