



# EMERGENCY CONSENT CARD

West Boundary Just B4 Preschool

Child's Name: \_\_\_\_\_  
Surname First Name(s)

Birthdate: \_\_\_\_\_  
Year / Month / Day

Address: \_\_\_\_\_  
\_\_\_\_\_

Gender of Child: \_\_\_\_\_

1. Parent's Name: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

2. Parent's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Allergies \_\_\_\_\_

Height: \_\_\_\_\_

2. Medications \_\_\_\_\_

Weight: \_\_\_\_\_

Eye colour: \_\_\_\_\_

Care Card #: \_\_\_\_\_

# CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for a medical practitioner or ambulance to be called in case of accident or emergency when I cannot be contacted
2. I give consent for my child to be released to someone other than the parent (emergency medical personnel)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Picture  
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.



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