

**Emergency Consent Card**

Centre \_\_\_\_\_



**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
First Name(s) Surname Month / Day / Year

**Home Phone:** \_\_\_\_\_ **Care Card #:** \_\_\_\_\_

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

Child Lives With: \_\_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_ **Parent/Guardian #2:** \_\_\_\_\_

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

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

**Emergency Contacts:** In the absence of parent(s)/guardian(s), the child can be released to the care of:

**Name** \_\_\_\_\_ **Family Doctor:** \_\_\_\_\_

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

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

Medical and/or Allergy: \_\_\_\_\_

**Emergency Consent Card**

Centre \_\_\_\_\_



**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
First Name(s) Surname Month / Day / Year

**Home Phone:** \_\_\_\_\_ **Care Card #:** \_\_\_\_\_

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

Child Lives With: \_\_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_ **Parent/Guardian #2:** \_\_\_\_\_

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

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

**Emergency Contacts:** In the absence of parent(s)/guardian(s), the child can be released to the care of:

**Name** \_\_\_\_\_ **Family Doctor:** \_\_\_\_\_

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

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

Medical and/or Allergy: \_\_\_\_\_

Custody Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FORM**

**This consent card must be completed in its entirety and signed**

If a child needs medical attention we will contact the parent(s) immediately. In the event we are unable to make contact with the parent(s), our next step is to call for medical assistance. If deemed necessary, the child will be transported to the nearest emergency facility via taxi or by emergency vehicle, accompanied by a Hand in Hand staff member.

This consent card will provide the information given to the medical attendants.

I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency facility accompanied by a staff member if I cannot be contacted.

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

\_\_\_\_\_  
Date

Custody Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FORM**

**This consent card must be completed in its entirety and signed**

If a child needs medical attention we will contact the parent(s) immediately. In the event we are unable to make contact with the parent(s), our next step is to call for medical assistance. If deemed necessary, the child will be transported to the nearest emergency facility via taxi or by emergency vehicle, accompanied by a Hand in Hand staff member.

This consent card will provide the information given to the medical attendants.

I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency facility accompanied by a staff member if I cannot be contacted.

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

\_\_\_\_\_  
Date