



Emergency Consent Card Centre _____

Child's Name: _____ **Birthdate:** _____
First Name Surname Month / Day / Year

Address: _____
_____ Child Lives With: _____

Care Card #: _____

Parent: _____ **Parent:** _____

Main Phone #: _____ Main Phone #: _____

Other Phone: _____ Other Phone: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medical Condition/Medications: _____

See other side



Emergency Consent Card Centre _____

Child's Name: _____ **Birthdate:** _____
First Name Surname Month / Day / Year

Address: _____
_____ Child Lives With: _____

Care Card #: _____

Parent: _____ **Parent:** _____

Main Phone #: _____ Main Phone #: _____

Other Phone: _____ Other Phone: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medical Condition/Medications: _____

See other side

CONSENT FORM

It is the policy of Hand in Hand to notify a parent when a child is ill or needs medical attention. In the event we are not able to contact a parent and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child _____ to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

*Picture
of Child*

Signature of Parent/Guardian

Date

CONSENT FORM

It is the policy of Hand in Hand to notify a parent when a child is ill or needs medical attention. In the event we are not able to contact a parent and we need to get immediate help for your child, we require a signed consent to do so.

3. I give consent for my child _____ to be taken to the nearest emergency medical centre when I cannot be contacted.
4. I give consent for my child to receive medical treatment.

*Picture
of Child*

Signature of Parent/Guardian

Date