



EMERGENCY CONSENT CARD

Name of Facility: Life Stars Family Childcare

Child's Name: ----- Birthday: -----
Year/Month/ Day

Address: -----

Child lives with: -----

Parent's Name: -----

Work Phone: ----- Home Phone: -----

Parent's Name: -----

Work Phone: ----- Home Phone: -----

Child's Doctor: ----- Phone: -----

1. Allergies -----

2. Medications -----

Care Card number: ----- Date Effective: -----

Consent Form

It is the policy of this centre to notify a parent when a child is ill or needs 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 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.

Signature of Parent/ Guardian: -----

Picture of child

Date: -----