

Emergency Medical

I give my consent for emergency medical treatment for my child in the event I cannot be reached.

Name of Child: _____

Parent/Guardian Signature: _____

Caregiver: _____ Date: _____

.....

Emergency Medical

I give my consent for emergency medical treatment for my child in the event I cannot be reached.

Name of Child: _____

Parent/Guardian Signature: _____

Caregiver: _____ Date: _____

.....

Emergency Medical

I give my consent for emergency medical treatment for my child in the event I cannot be reached.

Name of Child: _____

Parent/Guardian Signature: _____

Caregiver: _____ Date: _____

.....