

EMERGENCY MEDICAL CONSENT FORM



Kingsland Community Preschool has my permission to obtain emergency medical treatment for my Child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Father/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Alberta Health Care Number: _____

My child is taking the following medications:

My child has the following allergies:

- I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.**

Signature of Parent or Guardian

Date