fracarhaalth	EMERGENCY CONSENT CARD	<ul> <li>CONSENT FORM</li> <li>It is the policy of this centre to notify a parent when a child is ill or needs medical 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.</li> <li>1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.</li> <li>2. I give consent for my child to receive medical treatment.</li> </ul>	
fraser <b>health</b>	Name of Facility		
Child's Name:	s) Sirthdate: Year / Month / Day		
Address:	Gender of Child: 🗖 Male 🗖 Female		
1. Parent's Name:	Child lives with:		
Work Phone:	Home Phone:		Signature of Parent/Guardian
2. Parent's Name:			
Work Phone:	Home Phone:	Picture	Witness
Emergency Contact:	Phone:	of Child	
Child's Doctor:	Phone:		Date
2. Medications			
PrintShop #252700 Revised August 2019	EMERGENCY CONSENT CARD	CONSENT FORM	
fraser <b>health</b>		It is the policy of this centre to notify a parent when a child is ill or needs medical 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.	
	Name of Facility		
Child's Name:	s) Birthdate: Year / Month / Day	<ol> <li>I give consent for my child to be taken to the neares contacted.</li> </ol>	st emergency medical centre when I cannot be
Address:	Gender of Child: Male Female	2. I give consent for my child to receive medical treatment.	
1. Parent's Name:	Child lives with:		
Work Phone:	Home Phone:	-	Signature of Parent/Guardian
2. Parent's Name:			
Work Phone:	Home Phone:	Picture	Witness
Emergency Contact:	Phone:	of Child	
Child's Doctor:	Phone:		Date
1. Allergies			

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

2. Medications