

**GROUP DAY CARE AND SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM
102 CMR 7.09(3)**

Child's Name _____ Date of Birth _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____ Address: _____

Relationship to Child: _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to Child _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to Child _____ Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage: _____ Policy # _____

Parent(s) Name _____ Phone (w) _____
Phone (h) _____

Parent(s) Name _____ Phone (w) _____
Phone (h) _____

Parent/Guardian Signature Date