EMERGENCY CARD (Please fill in both cards)

Name of child		
Name of parent		
*Phone numbers to call in the event of	of an emergency	
*Name(s) of person(s) who may be coreached:	ontacted in the event of an	emergency or illness if you cannot be
Name:	Phone:	
Name:		
*Physician:	Phone:	
In the event of an emergency, if I ca	annot be reached	
has my permission to authorize trea	atment for my child.	
Signature of parent or guardian		Date:
	EMERGENCY CAR	<u>D</u>
	(Please fill in both cards)	
Name of child		
Name of parent		
*Phone numbers to call in the event of	of an emergency	
*Name(s) of person(s) who may be co	ontacted in the event of an	emergency or illness if you cannot be
reached:	Dhonor	
Name:		
Tvanic.	1 none	
*Physician:	Phone:	
In the event of an emergency, if I ca	annot be reached	
has my permission to authorize trea		
Signature of parent or guardian		Date:

CONSENT FOR EMERGENCY MEDICAL TREATMENT-Child Care Centers Or Family Child Care Homes

	AS THE PARENT, DOMESTIC PARTNER	, OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO
	FACILITY NAME	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
		IYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
	NAME	. THIS CARE MAY BE GIVEN UNDER WHATEVER
	CONDITIONS ARE NECESSARY TO PREABOVE.	ESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
CHILI	D HAS THE FOLLOWING MEDICATION ALLERO	GIES:
	DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE
HOME A	DDRESS	
HOME P	HONE	WORK PHONE
)	
	NSENT FOR EMERGENCY ME	COMMUNITY CARE LICENSING
	Id Care Centers Or Family Ch	EDICAL TREATMENT-
		EDICAL TREATMENT-
		EDICAL TREATMENT- ild Care Homes
	AS THE PARENT, DOMESTIC PARTNER	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO
	AS THE PARENT, DOMESTIC PARTNER	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
	AS THE PARENT, DOMESTIC PARTNER FACILITY NAME PRESCRIBED BY A DULY LICENSED PH	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE IYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
CHILL	AS THE PARENT, DOMESTIC PARTNER FACILITY NAME PRESCRIBED BY A DULY LICENSED PH NAME CONDITIONS ARE NECESSARY TO PRE	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE IYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR THIS CARE MAY BE GIVEN UNDER WHATEVER ESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
CHILI	AS THE PARENT, DOMESTIC PARTNER FACILITY NAME PRESCRIBED BY A DULY LICENSED PH NAME CONDITIONS ARE NECESSARY TO PRE ABOVE.	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE IYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR THIS CARE MAY BE GIVEN UNDER WHATEVER ESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
CHILI	AS THE PARENT, DOMESTIC PARTNER FACILITY NAME PRESCRIBED BY A DULY LICENSED PH NAME CONDITIONS ARE NECESSARY TO PRE ABOVE.	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE IYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR THIS CARE MAY BE GIVEN UNDER WHATEVER ESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
CHILI	AS THE PARENT, DOMESTIC PARTNER FACILITY NAME PRESCRIBED BY A DULY LICENSED PH NAME CONDITIONS ARE NECESSARY TO PRE ABOVE.	DICAL TREATMENT- ild Care Homes , OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE IYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR THIS CARE MAY BE GIVEN UNDER WHATEVER ESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
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	AS THE PARENT, DOMESTIC PARTNER FACILITY NAME PRESCRIBED BY A DULY LICENSED PH NAME CONDITIONS ARE NECESSARY TO PRE ABOVE. D HAS THE FOLLOWING MEDICATION ALLERO DATE	CORRESTANT TO CONSENT TO TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE SYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR THIS CARE MAY BE GIVEN UNDER WHATEVER ESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

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