

Emergency Consent and Contact Form

This form is to be completed and signed by the child's parent or legal guardian.

Name of child _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent's (legal guardian's) name _____

Telephone numbers _____ on _____ (hours/days)
_____ on _____ (hours/days)

Parent's (legal guardian's) name _____

Telephone numbers _____ on _____ (hours/days)
_____ on _____ (hours/days)

In the event that I or others listed are not available, I give my permission to the caregiver to provide first aid and CPR for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to

Or the nearest emergency medical facility. At no time, will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Signature _____ Date _____