Emergency Consent Card (DAYCARE FILE)	
Photo of Child	Consent Form 1. It is the policy of the facility to notify parents when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need immediate help for the child. Our procedure is to transport injures or sick children via ambulance to BC Children's Hospital. 2. Please sign the consent below to authorize appropriate action on behalf of your child. Please return this signed consent to City Hall Child Care Society. We will take this consent with us to BC Children's Hospital. 3. I hereby give my consent for my child _____when ill or injured to be taken to the nearest emergency centre by the Licensed Facility Staff. 4. I hereby give consent for my child named above to receive medical treatment. DATE:_____ SIGNATURE _____ WITNESS : _____

EMAIL ADDRESS:

CHILD's NAME	**Birth Date:(y/m/d)**
Address:	**Care Card**
	Emergency Contact:
	Home Ph:
Parent's Name	**Work/Cell:**
Home:	
Work:	**Out of Town Contact:**
Cell:	**Home Ph:**
Parent's Name:	**Work/Cell:**
Home:	**Doctor Name:**
Work:	**Phone:**
Cell:	**Dentist Name:**
Allergies/Meds:	**Phone:**

Emergency Consent Card (EMERGENCY FILE)	
Photo of Child	Consent Form 1. It is the policy of the facility to notify parents when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need immediate help for the child. Our procedure is to transport injures or sick children via ambulance to BC Children's Hospital. 2. Please sign the consent below to authorize appropriate action on behalf of your child. Please return this signed consent to City Hall Child Care Society. We will take this consent with us to BC Children's Hospital. 3. I hereby give my consent for my child _____when ill or injured to be taken to the nearest emergency centre by the Licensed Facility Staff. 4. I hereby give consent for my child named above to receive medical treatment. DATE:_____ SIGNATURE _____ WITNESS : _____

EMAIL ADDRESS:

CHILD's NAME	**Birth Date:(y/m/d)**
Address:	**Care Card**
	Emergency Contact:
	Home Ph:
Parent's Name	**Work/Cell:**
Home:	
Work:	**Out of Town Contact:**
Cell:	**Home Ph:**
Parent's Name:	**Work/Cell:**
Home:	**Doctor Name:**
Work:	**Phone:**
Cell:	**Dentist Name:**
Allergies/Meds:	**Phone:**