



HIGHROAD
CHILDREN'S CENTRE

Emergency Consent Card

Child's Name _____
(last name) (first names)

Birthdate _____ Child Lives With _____

Parent Name _____

Primary Phone _____ Secondary Phone _____

Parent Name _____

Primary Phone _____ Secondary Phone _____

Email address _____

*Your emergency people will be contacted if we can't get ahold of parents first. **Please make them aware that they may be contacted to pick up in that event.***

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Out of Province Emergency Contact (in the event of natural disaster only): _____

Relationship _____ Phone _____

Child's Doctor _____ Phone _____

· Allergies/intolerances _____

· Medications _____

Care Card # _____ Date Effective _____

Authorized Pick - Up:

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

- I've included a recent photo of my child in the event of an emergency.***

It is the policy of Highroad Children's Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service.

Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the preschool immediately. This consent will accompany the child to the emergency centre.

I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child are the responsibility of the child's parent/guardian.

I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/ Guardian

Date