BUDDINGS MEDICAL EMERGENCY CONSENT FORM

CHILD'S NAME:	BIRTHDATE:
SURNAME, FIRST NAME	MM/DD/YYYY
ADDRESS:	
GUARDIAN NAME:	EMAIL:
PHONE 1:	PHONE 2:
GUARDIAN NAME:	EMAIL:
PHONE 1:	PHONE 2:
EMERGENCY CONTACT:	☐ CAN MAKE CHANGES TO MY ACCOUNT
PHONE 1:	EMAIL:
OUT OF TOWN CONTACT:	PHONE:
	PHONE:
	ALLERGIES:
	PHONE:
CARE CARD NUMBER	
<u> </u>	
	n a child is ill or needs medical attention. Occasionally we
cannot contact parents and we need to get immediate	e help for the child. Our procedure is to call for an ambulance.
2) Please sign the consent below so that we can take	e the appropriate action on behalf of your child. Return the
signed consent to the facility immediately. We will take	• • •
2) I become with a composite for your child	As he delice to the
I hereby give consent for my child nearest emergency centre when I cannot be contacte	
The second of th	
4) I hereby give consent for my child named above to	receive medical treatment.
DATE	SIGNATURE OF PARENT / GUARDIAN
START MONTH,YEAR	