



2190 44th Ave. E, Vancouver, BC V5P 1N2  
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Please attach child's photo to this form.

Provide two copies of the form to the preschool.

## Emergency Consent Form

<b>Child name:</b> (last, first)	<b>Date of birth:</b> (DD/MM/YYYY)
<b>Address:</b>	
<b>Parent/guardian:</b>	Phone (home):
Phone (cell):	Phone (work):
<b>Parent/guardian:</b>	Phone (home):
Phone (cell):	Phone (work):
<b>Emergency contact:</b>	Phone (home):
Phone (cell):	Phone (work):
<b>Out-of-town contact:</b>	Phone:
<b>Child's doctor:</b>	Phone:
<b>Allergies:</b>	
<b>Medications:</b>	
<b>Child's dentist:</b>	Phone:
<b>Care card #:</b>	

### CONSENT

1. It is the policy of this facility 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 call for an ambulance.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

<b>Parent/guardian name:</b>	
<b>Signature:</b>	
<b>Witness:</b>	<b>Date:</b>