

Child's Name 

Surname/Last Name

First Name

Address: Birthdate: YY /MM /DD

City: Postal Code:

Guardian's Name 

(Male/ Female)

Phone: 

Home/Cellular/Work/Alternate

Home/Cellular/Work/Alternate

Home/Cellular/Work/Alternate

Guardian's Name 

(Male/ Female)

Phone: 

Home/Cellular/Work/Alternate

Home/Cellular/Work/Alternate

Home/Cellular/Work/Alternate

Emergency Contact Phone:

Child's Doctor Phone:

Date of most recent tetanus shot:

Allergies/Medications:

Child's Dentist Phone:

Care Card Number:

Child's Name 

Surname/Last Name

First Name

Address: Birthdate: YY /MM /DD

City: Postal Code:

Guardian's Name 

(Male/ Female)

Phone: 

Home/Cellular/Work/Alternate

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Guardian's Name 

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Emergency Contact Phone:

Child's Doctor Phone:

Date of most recent tetanus shot:

Allergies/Medications:

Child's Dentist Phone:

Care Card Number:

## CONSENT FORM

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 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 \_\_\_\_\_  
when ill to be taken to the nearest emergency centre by the Care Facility Staff when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

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Date

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Signature of Parent/Guardian

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Witness

Provided by VCH- Community Care Facilities Licensing

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