Surname/Last Name Address:		First Name Birthdate:	YY	/MM	/DD)
City:		Postal Cod	de:			
Guardian's Name						(Male/ _ Female)
Phone:						
Home/Cellular/Work/Alternate Guardian's Name	Home/Cellular/Work/Alternate			ellular/Work/Alte		(Male/ Female)
Phone: Home/Cellular/Work/Alternate						
Emergency Contact	Home/Cellular/Work/Alternate			ellular/Work/Alte		
Child's Doctor		_ Phone:_				
Date of most recent tetanus shot:_						
Allergies/Medications:						
Child's Dentist		Phone:_				
Cara Card Number						
Care Card Number:						
EMERGENCY- Consent Form					s/week	235
EMERGENCY- Consent Form Child's Name Sumame/Last Name		First Name Birthdate:	 YY	Days		
EMERGENCY- Consent Form Child's Name		First Name Birthdate: Postal Coo		Days /MM	/DD)
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EMERGENCY- Consent Form Child's Name Surname/Last Name Address: City: Guardian's Name Phone: Home/Cellular/Work/Alternate Guardian's Name Phone: Home/Cellular/Work/Alternate Emergency Contact	Home/Cellular/Work/Alternate Home/Cellular/Work/Alternate	Birthdate: Postal Cod Postal Cod Phone: Phone:	Home/C	Days /MM ellular/Work/Alte	/DD	(Male/ _ Female) (Male/ _ Female)
EMERGENCY- Consent Form Child's Name Surname/Last Name Address: City: Guardian's Name Phone: Home/Cellular/Work/Alternate Guardian's Name Phone: Home/Cellular/Work/Alternate Emergency Contact Child's Doctor	Home/Cellular/Work/Alternate Home/Cellular/Work/Alternate	Birthdate: Postal Cod Phone:_ Phone:_	Home/C	Days /MM_ ellular/Work/Alte	/DD	(Male/ Female) (Male/ Female)
EMERGENCY- Consent Form Child's Name Surname/Last Name Address: City: Guardian's Name Phone: Home/Cellular/Work/Alternate Guardian's Name Phone: Home/Cellular/Work/Alternate Emergency Contact Child's Doctor Date of most recent tetanus shot:	Home/Cellular/Work/Alternate Home/Cellular/Work/Alternate	Birthdate: Postal Cod Phone: Phone:	Home/C	Days /MM_ ellular/Work/Alte	/DD	(Male/ Female) (Male/ Female)

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 withus 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 r	named above to receive medical treatment.			
	Date	Signature of Parent/Guardian			
Prov	ided by VCH- Community Care Facilities L	Witness			
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