

Truks-n-Trykes 2 Daycare Center
Emergency Medical Consent

Child's Full Name: _____
Child's Date of Birth: _____

In the event that my child may require emergency treatment,
_____ and _____
(Hospital) (Doctor)

Or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Name of mother or legal guardian: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Name of father or legal guardian: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Doctor: _____ Phone: _____
Address: _____
Hospital Preference: _____
Name of Insurance: _____
Religious Preference: _____
Child's Allergies: _____
Medications: _____
Medical History: _____
Special Nutritional Needs: _____

Person(s) to be contacted in emergency if parents are unavailable:
Name: _____ Phone: _____ Cell: _____
Name: _____ Phone: _____ Cell: _____

This consent will be effective _____ and will continue until amended as long as child is enrolled in the Truks-n-Trykes 2 Daycare Center.

Mother or Legal Guardian's Signature _____ Date _____
Father or Legal Guardian's Signature _____ Date _____