Emergency Medical Consent Form

Future Generations Christian Childcare Center's staff has my permission to obtain emergency medical treatment for my child, when I cannot be reached or if I am delayed in reaching my child and medical intervention is necessary.

**Mother’s/Guardian Name**

Home Phone: Cell Phone:

Work Phone:

Personal Email Address:

**Father’s/Guardian Name**

Home Phone: Cell Phone:

Work Phone:

Personal Email Address:

**Insurance Information:** (Attach a copy of insurance cards to this form.)

My insurance provider is: Group #:

My child’s medical record number is:

Hospital/treatment center:

My child is taking the following medications:

My child has the following allergies:

\_\_\_\_\_\_ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in childcare.

Mother’s/Guardian Signature Date

Father’s/Guardian Signature Date