

CONSENT FORM

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I HEREBY GRANT PERMISSION FOR DEER PARK CHILDCARE AND ITS STAFF TO TAKE WHATEVER STEPS ARE NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE IF WARRANTED.

These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact emergency contact person as designated in the Enrollment Forms.

If we cannot contact parent/guardian, your child's physician or an emergency contact person we will do any or all of the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the emergency department of the closest open hospital, in the company of a staff member.

If in the event of an extreme or serious medical emergency, staff will dial 911, ensure proper first aid and/or CPR is applied and then contact the parent. Deer Park Childcare's first concern is for the safety and immediate care of the child.

Any expenses incurred under circumstances listed above will be borne by the child's family.

Deer Park Childcare will not be responsible for any incident that may occur as a result of false information given at the time of enrollment.

Parent signature

Date

Witness

Date