

MEDICAL CONSENT CARD

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Childs Name: _____ Date of Birth: _____

Childs Name: _____ Date of Birth: _____

Home Address: _____ Home Phone #: _____

Home Address: _____ Home Phone #: _____

Parent #1 name: _____ Cell Phone#: _____

Parent #1 name: _____ Cell Phone#: _____

Work Address: _____ Work Phone#: _____

Work Address: _____ Work Phone#: _____

Parent #2 name: _____ Cell Phone # _____

Parent #2 name: _____ Cell Phone # _____

Work Address: _____ Work Phone #: _____

Work Address: _____ Work Phone #: _____

Child's Physician's Name: _____ Address: _____

Child's Physician's Name: _____ Address: _____

Phone #: _____ Child's AHC # _____

Phone #: _____ Child's AHC # _____

Allergies to Food: _____

Allergies to Food: _____

Allergies to Drugs: _____

Allergies to Drugs: _____

Allergies to Environment: _____

Allergies to Environment: _____

Medical Condition: _____

Medical Condition: _____

Medicine Used Regularly: _____

Medicine Used Regularly: _____

Immunizations up to Date: YES NO

Immunizations up to Date: YES NO

I, (Parent) _____ hereby authorize Emergency Staff or Wee Care Educator to transport my child by either Emergency Transportation Vehicle or own vehicle to obtain emergency medical treatment by my child's doctor, or any doctor selected by emergency staff or said educator of care, in event that I cannot be reached.

I, (Parent) _____ hereby authorize Emergency Staff or Wee Care Educator to transport my child by either Emergency Transportation Vehicle or own vehicle to obtain emergency medical treatment by my child's doctor, or any doctor selected by emergency staff or said educator of care, in event that I cannot be reached.

Parent's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Emergency Contact Person (Other than child's parents that lives in town):

Emergency Contact Person (Other than child's parents that lives in town):

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone#: _____

Address: _____ Home Phone#: _____

Work Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Cell Phone#: _____

