

# GRESHAM HEIGHTS LEARNING CENTER, L.L.C.

## EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM WITH YOUR BABYSITTER, CHILDCARE PROVIDER, OR TEMPORARY GUARDIAN. In the event of a medical emergency, the form should accompany your child to the hospital / clinic so that medical treatment can be rendered.

I / we hereby authorize Gresham Heights Learning Center LLC. To give consent for all Transportation, Medical and/or surgical treatment that may be required for our child/children during our absence from

\_\_\_\_\_ Until \_\_\_\_\_

We will have you renew this form once a year.

Child's name	Date of birth	Chronic illness	allergies	Current medications	Date of last tetanus immunization

COMMENTS:

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_ telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ telephone: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Member No: \_\_\_\_\_

Group No: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ telephone: \_\_\_\_\_

Signed, Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature Update: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Update: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Update: \_\_\_\_\_ Date: \_\_\_\_\_