

REDMOND PARENT COOPERATIVE PRESCHOOL

**CONSENT TO MEDICAL CARE & TREATMENT OF MINOR
CHILD & EMERGENCY MEDICAL INFORMATION**

I hereby give permission that my child, _____, may be given emergency treatment by a qualified staff member at Redmond Parent Cooperative Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

"I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

Signature

Address

Phone Number

Date

Information for: _____ (child's name) Birthdate: _____

Regular medications: _____

Allergies and drug reactions: _____

Date of last tetanus shot: _____

Child's Physician: _____ Physician Phone: _____

Other health information: _____

Parent's work phone: _____ Other number: _____

Parent's work phone: _____ Other number: _____

Alternate contact name: _____ Phone: _____

Insurance Co. & Phone: _____ Member number: _____

Employer: _____ Group number: _____