

Stepping Stone Day School Center, LLC.

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 CHILDCARE PROVIDER. 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 Stepping Stone Day School 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
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 of Parent/Guardian: _____ Telephone: _____

Address: _____

Employer: _____ Telephone: _____

Health Insurance Co. _____ Member No: _____

Group No: _____ Telephone: _____

Nearest relative: _____ Telephone: _____

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE** THE FIRST DAY OF ATTENDANCE. THANK-YOU

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____