

Emergency Consent Card Form

Child's Name _____ Birthdate _____
Surname First Name Year/Month/Day

Address _____ Identifies As _____

PARENT/GARDIAN #1

PARENT/GUARDIAN #2

Name _____

Name _____

Work Phone/Cell# _____

Work Phone/Cell# _____

Home Telephone _____

Home Telephone _____

Emergency Contact _____

Allergies _____

Medications _____

EMERGENCY HEALTH INFORMATION

Childs Care Card Number _____

Family Doctor _____ Telephone _____

Address _____

It is the policy of Meadowridge School to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

I, _____ **give consent** for my child to be taken to the nearest emergency medical centre when I cannot be contacted.

I, _____ **give consent** for my child to receive medical treatment.

Signature of Parent or Guardian

Witness

Date

PLEASE PLACE PICTURE
OF CHILD HERE
or
EMAIL PHOTO TO
louise.kozol@meadowridge.bc.ca