Please attach child's

Child's Name: Surname, First Address: Home phone: Work phone: Phone: Phone: Child's Doctor: Phone: Medical Number: Allergies/Medications: Child's Dentist*: Phone: Phone: Phone: Phone: Allergies/Medications: Child's Dentist*: Phone: Allergies/medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service. I hereby authorize the staff at call a medical practitioner or ambulance for my child, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that is shall be solely responsible for any cost incurred for such services.	Surname, First ddress: other's Name: nergency Contact: ate of Most Recent Tetanus Sh hild's Doctor: ledical Number: llergies/Medications: hild's Dentist*:	Home phone: Work phone: Work phone: Phone: Phone:
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