

**Carroll Area Child Care Center Preschool
Emergency Medical Consent Form**

Child's Name _____
 Mom's Name _____
 Last four digits of SS# _____
 Address _____
 City, Zip _____
 Home Phone _____
 Cell Phone _____
 Cell Phone Provider _____
 Email _____
 Employer _____
 Work Phone _____

Child's Birthday _____
 Dad's Name _____
 Last four digits of SS# _____
 Address _____
 City, Zip _____
 Home Phone _____
 Cell Phone _____
 Cell Phone Provider _____
 Email _____
 Employer _____
 Work Phone _____

Emergency Information:

In the event parents are unreachable at the #'s listed above please contact:

Name	Relationship	Phone Number	Cell Number
_____	_____	_____	_____
_____	_____	_____	_____

In the event that my child may require emergency medical, dental or surgical care while I am unable to be reached, I hereby give my consent to medical, dental, or surgical treatment to:

Doctor _____ Doctor Phone _____
 Doctor Address _____
 Dentist Name _____ Dentist Phone _____
 Dentist Address _____
 Hospital _____ Hospital Address _____

I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

Pick Up Permission -- Please circle yes or no for the following:

YES / NO I hereby give permission for my child to leave the center on field trips. Transportation is either on foot, provided by Western Iowa Transit, or Carroll Community School District.

YES / NO I hereby give permission for my child to leave the center with the following persons named below. These people along with the staff employed at CACCCP are also allowed to have access to my child's medical information that has been supplied to the center. It is the responsibility of the parents to notify the center, in writing, of any changes.

YES / NO I grant center staff the right to take photographs/video of my child engaged in center activities to be displayed within the center, on the centers website/social media page, or local paper.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Individuals NOT allowed to pick up my child: _____

Other custody situations the center should be aware of: _____

Parent/Guardian Signature

Date

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