



CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I _____ (the parent or legal guardian) hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at Shoreline Christian School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

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

_____ Date and Place

_____ Signature

Child's name: _____ Birthdate: _____

Allergies, including drug reactions: _____

Chronic Illnesses: _____

Regular Medications: _____

Other pertinent data: _____

Child's Physician: _____ Phone Number: _____

Mother's work phone number: _____ Mother's cell number: _____

Father's work phone number: _____ Father's cell number: _____

Insurance Coverage: _____

Group Number: _____ Membership Number: _____

Place of Employment: _____