



**HIGHROAD**  
CHILDREN'S CENTRE

## Emergency Consent Card

Child's Name \_\_\_\_\_  
(last name) (first names)

Birthdate \_\_\_\_\_ Child Lives With \_\_\_\_\_

Parent Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email address \_\_\_\_\_

*Your emergency people will be contacted if we can't get ahold of parents first. **Please make them aware that they may be contacted to pick up in that event.***

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*Out of Province* Emergency Contact (in the event of natural disaster only): \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

· Allergies/intolerances \_\_\_\_\_

· Medications \_\_\_\_\_

Care Card # \_\_\_\_\_ Date Effective \_\_\_\_\_

**Authorized Pick - Up:**

|               |                       |                       |
|---------------|-----------------------|-----------------------|
| _____<br>Name | _____<br>Relationship | _____<br>Phone Number |
| _____<br>Name | _____<br>Relationship | _____<br>Phone Number |
| _____<br>Name | _____<br>Relationship | _____<br>Phone Number |

- I've included a recent photo of my child in the event of an emergency.***

It is the policy of Highroad Children's Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service.

Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the preschool immediately. This consent will accompany the child to the emergency centre.

I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child are the responsibility of the child's parent/guardian.

I hereby give consent for my child \_\_\_\_\_ to receive medical treatment.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date