

EMERGENCY Consent Form

Please PRINT clearly

NAME of Child:

Child's Date of Birth:

FIRST NAME	LAST NAME	PREFERRED NAME	DAY	MONTH	YEAR
Name of Parent(s)/Guardian(s)		Name of Parent(s)/Guardian(s)			
Occupation / Workplace		Occupation / Workplace			
Phone Number(s) for Emergencies ¹		Phone Number(s) for Emergencies ¹			
Mobile Number for Texting Regarding School Closures ¹		Mobile Number for Texting Regarding School Closures ¹			

¹ This number will be provided to the parent who has volunteered to act as the class representative for your child's class. It will only be used by the class representative to get in contact with you in the case of a school closure or other school wide emergency.

Address: _____

Allergies or Medical Conditions:	Medication:
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Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	EpiPen Given to Preschool <input type="checkbox"/> YES <input type="checkbox"/> NO, not required Expiry Date: _____	Inhaler Given to Preschool <input type="checkbox"/> YES <input type="checkbox"/> NO, not required Expiry Date: _____
<small>*** Please provide a copy of any court agreements in place. We assume that both parents have equal guardianship, parenting responsibilities and rights to access unless stated otherwise in a court agreement.</small>	Office Use: <u>Storage Location</u>	Office Use: <u>Storage Location</u>

Local Emergency Contact

Name: _____

Phone Number: _____

Alternative Phone Number: _____

Out of Province Contact

Name: _____

Phone Number: _____

Alternative Phone Number: _____

Child's Doctor:

Phone Number: _____

Care Card Number: _____

(BC Care Card - MSP)

Child's Dentist:

Phone Number: _____

Consent to Pick Up:

Full Name

- Please note that the teacher may ask for ID

1 - _____	Local Phone Number
2 - _____	Local Phone Number
3 - _____	Local Phone Number
4 - _____	Local Phone Number

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Child's Date of Birth:

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1) It is the policy of this facility 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 call for an ambulance.

2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency center.


3) I hereby give consent for my child _____ to be taken to the nearest emergency center when I cannot be contacted.

4) I hereby give consent for my child named above to receive medical treatment.

SIGNATURE OF PARENT / GUARDIAN

Date

WITNESS



Please provide Your Child's Photo that is:

- RECENT
- in COLOUR
- "Passport Photo" style – see above
- it could be done by a phone or home camera and colour printed

**** Note: Your Child's **Registration is not complete** and as per Licensing Guidelines they will not be able **** attend Highlands Early Learning Centre **until we have received** the following:

- EMERGENCY Consent Form (fully filled & with child's Picture)
- Immunization Records (Copy is OK)
- Void Cheque & Deposit Cheque (the total price of 1 month's attendance of class/es)