



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 Paren	t(s)/Guardian(s)			
Occupation /	Workplace	Occupation	/ Workplace			
Phone Number(s)	for Emergencies ¹	Phone Number(s)	for Emergencies ¹			
Thone Number(3)	of Emergencies					
Mobile Number for Texting F	Regarding School Closures ¹	Mobile Number for Texting	Regarding School Closures ¹			
1 This number will be provided to the paren in contact with you in the case of a school c	t who has volunteered to act as the class reprilesure or other school wide emergency.	resentative for your child's class. It will only	be used by the class representative to get			
Address:						
Audi 633.						
Allorgics or		Mod	ination.			
Allergies or Medical Conditions:		<u>IVIEO</u>	cation:			
Child lives with:		EniDon O D	Inhalar o:			
☐ Both parents		EpiPen Given to Preschoo				
☐ Mother		☐ YES	☐ YES			
☐ Father		□ NO, not required	☐ NO, not required			
☐ Other:		Expiry Date:	Expiry Date:			
have equal guardianship, parenting respo	ements in place. We assume that both parent nsibilities and rights to access unless state		Office Use: Storage Location			
otherwise in a court agreement. 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:	1 -					
Full Name			Local Phone Number			
Please note that the	2 -		Local Phone Number			
teacher may ask for ID	3		Local Phone Number			
	4		Local Phone Number			



NAME of Child:

3255 Edgemont Blvd. North Vancouver, BC V7R 2P1 Tel. 604-980-1740

Chil	ďs	Date	of	Birth:

FIRST NAME DAY MONTH YEAR						
	FIRST NAME	LAST NAME	PREFERRED NAME	DAY	MONTH	YEAR

- 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.	

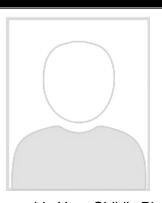
4) I hereby give consent for my child named above to receive medical treatment.

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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)