

EMERGENCY Consent Form (1/6)

Please PRINT clearly

NAME of Child:

Child's Date of Birth:

<small>FIRST NAME</small>	<small>LAST NAME</small>	<small>PREFERRED NAME</small>	<small>DAY</small>	<small>MONTH</small>	<small>YEAR</small>
Name of Parent(s)/Guardian(s)		Name of Parent(s)/Guardian(s)			
Occupation / Workplace		Occupation / Workplace			
Phone Number(s) for Emergencies		Phone Number(s) for Emergencies			
Mobile Number for Emergency WHOLE School Texting - School Closures		Mobile Number for Emergency WHOLE School Texting - School Closures			

Address:

<small>Unit</small>	<small>Street Number</small>	<small>Street Name</small>	<small>City</small>	<small>Postal Code</small>
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Allergies or Medical Conditions: <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide detailed Information below)	Medication:
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Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Alternate - Joint Custody <input type="checkbox"/> Mother (Single Parent) <input type="checkbox"/> Father (Single Parent) <input type="checkbox"/> Other _____	*** 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. ***	EpiPen Given to Preschool <input type="checkbox"/> YES <input type="checkbox"/> NO, not required Expiry Date: _____ <small>Office Use: <u>Storage Location</u></small>	Inhaler Given to Preschool <input type="checkbox"/> YES <input type="checkbox"/> NO, not required Expiry Date: _____ <small>Office Use: <u>Storage Location</u></small>
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Local Emergency Contact Name: _____ Phone Numbers: _____	
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Out of Province Contact Name: _____ Phone Numbers: _____	*** In emergencies like earthquake, local phones may fail. Designate an out of BC contact as a "message board" for communication!
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Child's Doctor & Phone Number: _____	
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Care Card Number: <small>(BC Care Card - MSP)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> </tr> </table>										

Child's Dentist & Phone Number: _____	
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Authorized Pickup Individuals: *** DO NOT repeat parents' information if they are already listed above*** <ul style="list-style-type: none"> • PRINT Full Name • Add Phone # • <u>NOTE:</u> Teachers will ask for ID 	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"><small>FULL NAME of Authorized Pickup Individual</small></td> <td style="width:25%; border-bottom: 1px solid black;"><small>Relationship to child</small></td> <td style="width:25%; border-bottom: 1px solid black;"><small>PHONE NUMBER</small></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"><small>FULL NAME of Authorized Pickup Individual</small></td> <td style="border-bottom: 1px solid black;"><small>Relationship to child</small></td> <td style="border-bottom: 1px solid black;"><small>PHONE NUMBER</small></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"><small>FULL NAME of Authorized Pickup Individual</small></td> <td style="border-bottom: 1px solid black;"><small>Relationship to child</small></td> <td style="border-bottom: 1px solid black;"><small>PHONE NUMBER</small></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"><small>FULL NAME of Authorized Pickup Individual</small></td> <td style="border-bottom: 1px solid black;"><small>Relationship to child</small></td> <td style="border-bottom: 1px solid black;"><small>PHONE NUMBER</small></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	<small>FULL NAME of Authorized Pickup Individual</small>	<small>Relationship to child</small>	<small>PHONE NUMBER</small>				<small>FULL NAME of Authorized Pickup Individual</small>	<small>Relationship to child</small>	<small>PHONE NUMBER</small>				<small>FULL NAME of Authorized Pickup Individual</small>	<small>Relationship to child</small>	<small>PHONE NUMBER</small>				<small>FULL NAME of Authorized Pickup Individual</small>	<small>Relationship to child</small>	<small>PHONE NUMBER</small>			
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NAME of Child:

Child's Date of Birth:

FIRST NAME	LAST NAME	PREFERRED NAME	DAY	MONTH	YEAR
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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.

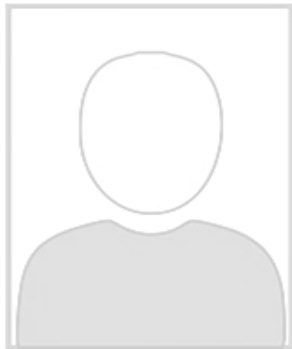
3) I hereby give consent for my child _____ to be taken to the nearest emergency center when I cannot be contacted.

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

SIGNATURE OF PARENT / GUARDIAN

Date

WITNESS



In this space, please provide Your Child's Photo that is:

- Most RECENT
- Printed in COLOUR fitting into this square.
- You may capture the photo using a phone or home camera.
- Capture a clear image of your child's face without head coverings, resembling a passport-like photo.

**** 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 tuition of class/es)