Consent for Emergency Treatment
2019-2020

I hereby give my permission for my child: _____
Date of birth:_____
SOCIAL SECURITY #: _____

To be given emergency treatment (First aid and CPR) by a qualified staff member of Genesis Early Learning Academy, as needed.
I also give my permission for my child to be transported by ambulance and treated by EMT staff, as needed, to an emergency center in the case of an emergency that cannot be handled at Genesis Early Learning Academy and deemed necessary by the staff.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.
In the case of the emergency and if emergency transportation is needed, I _____, agree to pay all costs involved either with insurance or privately.

Information that might be needed if an emergency arises:
Child's Physician: _____

Phone #: _____

Preferred hospital if there is a choice:
_____

Medical Insurance:
Name of company: _____

Insurance #: _____ (Please provide a copy of both sides of your insurance card)

Date of last tetanus:
_____
Allergies:
_____

Father's name (printed): _____
Signature: _____ and/or

Mother's name (printed): _____

Signature: _____