THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name:	Date of Birth:
I authorize staff in the child care program who are trained in the basics of first aid/CPR to girmy child first aid/CPR when appropriate.	
medical attention for my child. However, if I d	contact me in the event of an emergency requiricannot be reached, I hereby authorize the progracare facility and/or to
Child's Physician Name:Address:	
Phone Number:	
Child's Allergies:Chronic Health Conditions:	3
Emergency Contacts (In order to be conta Name	ncted)
Address	
Relationship to child	
Home Phone	_ Cell Phone
Do you give permission for child to be release	ed to this person? Yes No
Name_	
Address	
Relationship to child	
Relationship to child Home Phone Do you give permission for child to be release	Cell Phone
Do you give permission for child to be release	ed to this person? Yes No
Name	
Address	
Relationship to childHome Phone	
Home Phone	Cell Phone
Do you give permission for child to be release	ed to this person? Yes No
Health Insurance Coverage	Policy #
Parent/Guardian Name:	PhoneCell
Parent/Guardian Name:	PhoneCell
Parent /Guardian Signature	Date (valid for one year)

SG/LG/SAEmergencyMedicalConsent20100122