



Medical Emergency Form

I, _____, parent/guardian of _____

do hereby give my consent to Pea Pods Child Care Center's staff to secure and authorize such emergency medical care and/or treatment that my child listed above might require while under the supervision of Pea Pods Child Care Center's staff.

I also authorize Pea Pods Child Care Center's staff to administer emergency care or treatment as required until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and treatment for my child as authorized under this consent.

I understand that every effort will be made to notify parents immediately in case of an emergency.

Emergency numbers

Physician to contact _____ Phone _____

Address _____

Preferred hospital to contact: _____ Phone _____

Address _____

Other relatives or persons to contact in an emergency:

Name _____ Address _____ Phone _____

Signed _____ Date _____