Harborlight Nursery School

The Commonwealth of Massachusetts

Department of Early Education and Care

**First Aid and Emergency Medical Care Consent Form**

|  |  |  |
| --- | --- | --- |
| **Child’s Information** | | |
| Name | Date of Birth | |
|  | | |
| Child’s Physician’s Name | | |
|  | | |
| Physician’s Address | Telephone | |
|  | | |
| Child’s Allergies | | |
| Chronic Health Conditions | | |
| Health Insurance Coverage | | |
| I authorize staff in the child care program who are trained in the basics of First Aid/CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to (hospital name) and to secure necessary medical treatment for my child. | | |
|  | | |
| **Parent/Guardian Information** | | |
|  | | |
| 1. Name | Telephone | |
|  | | |
| 2. Name | Telephone | |
|  | | |
| **Emergency Contact Information** | | |
| Please list contacts (other than parent/guardian) in to order to be contacted in case of an emergency: | | |
|  | | |
| 1. Name | Telephone | |
|  | | |
| Address | Relationship to child | |
|  | | |
| Do you give permission for the child to be released to this person? | Yes | No | |
|  | | |
| 2. Name | Telephone | |
|  | | |
| Address | Relationship to child | |
|  | | |
| Do you give permission for the child to be released to this person? | Yes | No |
|  | | |
| 3. Name | Telephone | |
|  | | |
| Address | Relationship to child | |
|  | | |
| Do you give permission for the child to be released to this person? | Yes | No |
|  | | |
| **Parents signature** | **Date** | |