

CLASSROOM COPY

Little Dreamers Early Childhood Center

Emergency Information and Consent for Medical Treatment

First Name: _____ **Last Name:** _____ () Male () Female
Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Date of Birth: _____

Mother/Guardian: _____ Employer: _____
Cell: _____ Work/Alternative Phone: _____
Does child live at home with you? _____ Email: _____

Father/Guardian: _____ Employer: _____
Cell: _____ Work/Alternative Phone: _____
Does child live at home with you? _____ Email: _____

Please complete both sides of this Card

OFFICE COPY

Little Dreamers Early Childhood Center

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Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Date of Birth: _____

Mother/Guardian: _____ Employer: _____
Cell: _____ Work/Alternative Phone: _____
Does child live at home with you? _____ Email: _____

Father/Guardian: _____ Employer: _____
Cell: _____ Work/Alternative Phone: _____
Does child live at home with you? _____ Email: _____

Please complete both sides of this Card

Additional persons (other than parents) to contact or pick up your child from school in the event of illness or emergency:

<u>Name</u>	<u>Daytime Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pursuant to California Civil Code Section 25.8 we, the undersigned parents or guardians of the minor child named on the reverse, do hereby authorize the adult leaders, teachers, administrators, or other proper agents of **Little Dreamers Early Childhood Center** to act as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or dental or surgical treatment or diagnosis, emergency medical transport and hospital care for the minor child named on the reverse, that is deemed advisable and to be rendered under the general or special supervision of any physician or surgeon, licensed under the Provision of Medicine-Practice Act, whether such a diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, day-camp, school, or elsewhere.

In no event will **Little Dreamers Early Childhood Center**, its officers, teachers, leaders, or agents be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

Physician's Name: _____ Phone: _____

Special Health Concerns or Allergies: _____

Permission is hereby given for the application of the items checked below:

Diaper Rash Cream _____ Neosporin/Antiseptic _____ Band-aids _____

Signature of Parent or Guardian: _____ Date: _____

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