

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD

Student Name: _____ Center: _____

Student Name: _____

In the event that my child develops a medical problem which ERfC personnel feel requires my immediate evaluation, I or those persons whom I have designated as emergency contacts will be contacted. I understand that I will be required to immediately pick up my child or arrange for my child to be picked up if they develop any of the following: contagious disease, fever over 100°F, vomiting or diarrhea. My child will be moved to an area away from the other children and a staff member will remain with my child at all times until I (or my designated pick-up person) arrive.

In the event that my child has a **medical emergency** while in the care of the ERfC, I understand that the following procedure will be followed:

1. If after determining that a medical emergency exists, ERfC staff will call 911.
2. Every effort will be made to contact you before the child is taken to the nearest hospital. If a parent cannot be reached, staff will contact an "emergency contact" that the family has provided.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____