

CONSENT FOR EMERGENCY MEDICAL CARE

I _____ hereby give consent to
MOTHER FATHER LEGAL GUARDIAN

New Day Children's Center will be caring for my child _____
CHILD'S NAME

DATE OF BIRTH _____ SOCIAL SECURITY # _____

for the period beginning _____

to arrange emergency medical/surgical/dental care and treatment (including diagnostic procedures) necessary to preserve the health of my child.

I acknowledge that I am responsible for all charges in connection with any care or treatment rendered.

Print name _____

Home address _____

Home phone _____

Business phone _____

Name and address of primary health insurance carrier:

Policy number _____

Pediatrician _____

Address _____

Telephone _____

Dentist _____

Address _____

Telephone _____

Please list your child's allergies:

Medicines child is taking:

Chronic illnesses:

In case of an emergency I can be reached at _____

Signature of responsible adult _____ Date _____