

CONSENT AND CONTACT FORM

This form is to be completed and signed by the child's parent or legal guardian.

Name of child _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or legal guardian at the phone number provided below.

Parent's (legal guardian's) name _____

Phone Numbers _____ **on** _____ **(hours/days)**

_____ **on** _____ **(hours/days)**

Parent's (legal guardian's) name _____

Phone numbers _____ **on** _____ **(hours/days)**

_____ **on** _____ **(hours/days)**

In the event that I or the others listed are not available, I give my permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arrange transportation to _____

or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Signature _____ **Date** _____