

Student Name: _____

Emergency Medical Consent for Care and Treatment of Minor

I hereby give my permission that my child, _____, may be given emergency treatment by a qualified staff member at the Burien Cooperative Preschool. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

By signing this form, "I certify under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct."

Signature: _____ Date: _____

Name: _____ Relationship to Student: _____

Child Information

Child's Name: _____ Birth Date: _____

Regular Medications: _____

Allergies and Drug Reactions: _____

Date of last tetanus shot: _____

Other health information: _____

Child's Physician: _____ Phone: _____

Emergency Contacts

Parent/Guardian Name: _____ Work Phone: _____

Parent/Guardian Name: _____ Work Phone: _____

Other Person to Contact: _____ Phone: _____

Insurance Company: _____ Member# _____

Employer: _____ Group# _____