

Teaching Time Academy
EMERGENCY MEDICAL/DENTAL CONSENT FORM

I, _____(Mother, Father or Guardian) of _____, age _____, do hereby give my permission and such emergency medical or dental care and/or treatment as my above named child might require while under YOUR CENTER NAME's supervision. Center team members may take steps including any or all of the following if they believe an emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the nearest hospital or to the child's physician or parent. I agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

Child's physician: Name _____

Address _____ Phone _____

Child's dentist: Name _____

Address _____ Phone _____

Child's Hospital: Name _____

Address _____ Phone _____

Mother/Guardian's Name _____

Phone _____

Father/Guardian's Name _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be listed on the pick-up permission form)

	Name		Relationship
			Phone _____

	Name		Relationship
			Phone _____

Medical Insurance Carrier: _____

Allergies, medication, or other conditions pertinent to emergency care:

Other Medical Conditions: _____

Signature of Parent or Guardian

Date