

Hidden Treasures Christian Preschool & Child Care

Medical Emergency Consent Form

In the event that our child_____ becomes ill or sustains an injury while in the care of Hidden Treasures Christian Preschool & Childcare, we give our permission to those in charge to take whatever steps are necessary to stop any bleeding. If it is not possible to reach the doctor named on the registration form or the parent, consent is given to any licensed physician to whom the child is taken for treatment, to administer drugs or medicine and to perform such surgical procedures as he/she shall think the emergency requires for the relief of pain and to preserve his/her life and health.

I hereby agree to pay any and all expenses incurred by such an illness or injury.

If the child is allergic to any drugs or medication, please state here:

Parent/Guardian Signature:_____

Date:_____

Directors Signature:_____

Date:_____