

# EMERGENCY CONTACT & CONSENT

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies & Medications: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Out of Town Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

At Doodle Bug Learning Center, the safety and well-being of your child is our top priority. While we always strive to contact parents immediately when a child becomes ill or requires medical attention, there may be rare occasions when immediate action is necessary, and we are unable to reach you in time.

1. I understand that in the event of an emergency where I cannot be reached, it is the policy of Doodle Bug Learning Center to ensure that my child receives prompt medical attention. This may involve transporting my child to the nearest emergency center.
2. I hereby authorize Jessica Pirttikoski or a designated staff member of Doodle Bug Learning Center to transport my child, \_\_\_\_\_, to the nearest emergency center or accompany them in an ambulance if I am unreachable or unable to arrive in time.
3. Furthermore, I grant permission for my child to receive any necessary medical treatment as deemed appropriate by healthcare professionals in such an emergency situation. I also authorize the staff of Doodle Bug Learning Center to provide any pertinent information about my child's health and medical history to healthcare professionals in my absence.

Parent/Guardian Print: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_