



Consent for Emergency Medical Treatment

This form will be taken to the hospital in the event of a medical emergency.

It is our policy to notify a parent/guardian when a child suffers a serious illness or injury during class time or JCPC activities. Such injuries might include, but are not limited to, a sprain, broken bone, serious fall, deep cut, vomiting or high fever. If the situation does not permit OR if we are unable to reach the parent/guardian, JCPC staff may take action at their discretion, including but not limited to taking the child to an emergency medical center (such as a hospital emergency room) or calling 911.

Please complete the following information, so that we have it available should a medical emergency arise. You must read and sign the Statement of Consent on page 2.

Child's Name _____

Name(s) of Parent(s)/Guardian(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Child's Physician _____

Physician's Phone # _____

Which hospital does your physician use? _____

Do you have a hospital preference? (Note that emergency circumstances may prevent your child from being taken to a preferred hospital) _____

Name of Health Insurance or Medical Assistance _____

Policy Number _____

Name of Insured _____

Child's Allergies _____

Additional information necessary in an emergency situation _____

Consent for Treatment of Ill or Injured Child, Page 2

This form will be taken to the hospital in the event of a medical emergency.

Name of Child: _____

By signing below, I authorize any employee of The Jefferson Center for Preschool Children to provide emergency assistance to the above-named child, and I consent for the named child to receive such assistance. I understand that in the event of an emergency requiring immediate medical care, the school will attempt to notify me or any other legal guardian of my child, and if the school is unable to notify me, I understand that the school may seek emergency services for my child without notification to me, and I consent to have my child treated by a duly qualified physician at the emergency hospital or other medical facility. I release the school board, school, and any school employees from liability for administering first aid to my child, and agree to indemnify and hold harmless its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of actions, or injuries arising from the first aid to or medication of my child while at school or school-sponsored events. I acknowledge that it is my responsibility to keep my child's medical records current to reflect any allergies, medical/physical conditions, and communicable diseases. I certify that all the information contained on this form is true and correct.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date