## CONSENT FOR EMERGENCY MEDICAL TREATMENT-Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO		ENTATIVE, I HEREBY GIVE CONSENT TO
	FACILITY NAME	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
		CIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
	NAME	. THIS CARE MAY BE GIVEN UNDER WHATEVER
		VE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
CHILD	HAS THE FOLLOWING MEDICATION ALLERGIES:	
	DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE
HOME AD	DRESS	
HOME PH	ONE	WORK PHONE
(	)	( )
	SENT FOR EMERGENCY MEDIC d Care Centers Or Family Child (	Care Homes
	AS THE PARENT OR AUTHORIZED REPRES	ENTATIVE, I HEREBY GIVE CONSENT TO
	FACILITY NAME	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
	PRESCRIBED BY A DULY LICENSED PHYSIC	CIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
	NAME	. THIS CARE MAY BE GIVEN UNDER WHATEVER
		VE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
CHILD	HAS THE FOLLOWING MEDICATION ALLERGIES:	
	DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE
HOME AD	DRESS	
HOME PH	ONE	WORK PHONE
(	J .	\

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