

The Commonwealth of Massachusetts
 Department of Early Education and Care
 First Aid and Emergency Medical Care Consent Form

Child's Name _____ Date of Birth _____

I hereby give Danvers Recreation Fun Club Staff, whom are trained in the basics of first aid and CPR, permission to administer basic First Aid and/or CPR to my child when appropriate. In the event of a medical emergency that requires my child to be transported to a hospital for medical treatment, I hereby authorize the program to secure necessary medical treatment for my child when I cannot be reached or when I would be delayed and it would be dangerous to my child's health.

Parent/Guardian Signature _____

Child Medical Information

Child's Physician	Phone Number
Physician Address	Chronic Health Conditions?
Allergies?	Special Diet/Limitations/Concerns?
Health Insurance Coverage	Health Insurance Policy Number

Instructions to Reach Parent/Guardian

1.Parent/Guardian Name	2.Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Emergency Contact Persons in the event that you cannot be reached:

3.Name	4.Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Do you give permission for your child to be released to this person?	Do you give permission for your child to be released to this person?

Parent/Guardian Signature _____

Date (Valid for one year) _____