

**EMERGENCY MEDICAL CONSENT
SUNFLOWER CHILDCARE/PRESCHOOL
This form must be presented upon admission for treatment.**

Child's Name _____ Date of Birth _____

In the event that my child may require medical attention and/or surgery while I am out of the city or unable to be reached, I hereby give my consent for medical and/or surgical treatment for (Child's name) _____ to our preferred doctor. If our doctor is unavailable, the on-call doctor at the closest facility may give care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Family Information: Parents or Guardians			
Name	Address & Home Phone	Work Phone	Cell Phone

Hospital, Doctor, and Dentist Preference			
Name	Address	Phone	
Doctor:			
Hospital:			
Clinic:			
Dentist:			

Other Information
Known Allergies:
Present Medications:
Important medical history or issues:
Date of last tetanus:
Insurance Name, Address, and Phone:

Father's signature _____ Date _____

Mother's signature _____ Date _____

Every effort will be made to notify the parents (guardian) immediately in case of an emergency.