



FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

102 CMR 7.09(3)

(Required by Massachusetts OCCS)

Child's Name: _____ Date of Birth: _____

I authorize staff at Clinton Path Preschool, trained in the basics of first aid, to give my child first aid and/or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the staff at Clinton Path Preschool to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

I also hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization or treatment.

Child's Physician's Name: _____

Address: _____ Phone #: _____

Child's Dentist's Name: _____

Address: _____ Phone#: _____

We need as much medical information as possible so we can inform medical personnel in the event of an emergency.

Child's Allergies: _____

Chronic Health Conditions: _____

Medications Taken Regularly by Child: _____

EMERGENCY CONTACTS (In order to be contacted, after parents/guardians)

1. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

Do you give permission for your child to be released to this person? Yes No

2. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

Do you give permission for your child to be released to this person? Yes No

3. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

Do you give permission for your child to be released to this person? Yes No

PARENT/GUARDIAN INFORMATION:

Health Insurance Coverage: _____ Policy #: _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Pager: _____

Pager: _____

Parent/Guardian Signature

Date