



### Emergency Consent Card

Facility: **Osoyoos Elementary Seamless Day**

Child's Name: \_\_\_\_\_ Birthdate(Y/M/D): \_\_\_\_\_

Address: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Care Card #: \_\_\_\_\_



### Consent From

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

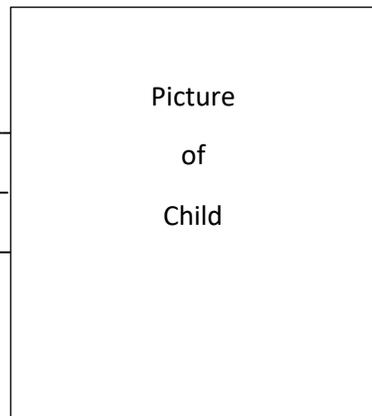
1. I give consent for my child to be taken to the nearest emergency medical centre by ambulance (fee is parents responsibility) when I cannot be contacted.

2. I give consent for my child to receive medical treatment.

Signature of Parent/Guardian \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_



Picture  
of  
Child