

**SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM
102 CMR 7.09(3)**

Child's Name: _____ **Date of Birth:** _____ **School:** _____

I authorize the staff of the Highlands After-School Program who are trained in the basics of first aid/CPR to give my child first aid/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 program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

If your child has an allergy or medical condition, you must complete all questions below in this section.

Child's Physician Name: _____ Phone Number: _____

Address: _____

Child's Allergies / Reactions / Treatment: _____

Chronic Health Condition(s)/ Symptoms: _____

Current Medication(s) Taken: _____

Insurance information (optional): Company Name: _____ Policy # _____

Emergency Contacts (In order to be contacted)

1. Name:	1 st Phone #:	2 nd Phone #:
Relationship to Child:	Address:	
Do you give permission for child to be released to this person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Name:	1 st Phone #:	2 nd Phone #:
Relationship to Child:	Address:	
Do you give permission for child to be released to this person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Name:	1 st Phone #:	2 nd Phone #:
Relationship to Child:	Address:	
Do you give permission for child to be released to this person? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____ Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____

Name	Address	1 st Phone #	2 nd Phone #
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2. _____

Name	Address	1 st Phone #	2 nd Phone #
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PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____

Doctor's Name	Address	Phone #
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EMERGENCY CONTACT PERSON(S)

1. _____

Name	Address	1 st Phone #	2 nd Phone #
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2. _____

Name	Address	1 st Phone #	2 nd Phone #
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Parent Signature

Date