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inspire... **green.**[™]

kidz go eco^{LLC}



EMERGENCY CONSENT

I, (parent/guardian) _____, agree to the administration of emergency medical treatment to my child, _____, by a duly qualified health practitioner in my absence.

I authorize (name of provider) _____ to arrange for such emergency medical treatment until such time as I can be present.

Signature: _____ Date: ____ / ____ / ____

What (if any) serious illness has your child had in the past month?

Is your child now taking any medication? _____

If yes, explain: _____

Is your child allergic to food, medicine, animals or anything else? _____

If yes, explain: _____

List any chronic or handicapping problem your child has, such as seizures, asthma, Diabetes, heart disease, and respiratory illness:

Health Insurance: _____

Group Number: _____ ID Number: _____