

teach, explore,  
inspire... **green.**<sup>™</sup>

**kidz go eco**<sup>LLC</sup>



## 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.

Parent/Guardian 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:** \_\_\_\_\_