

Early World Children's School

www.earlyworldschool.com

CONSENT FOR MEDICAL CARE AND TREATMENT OF CHILDREN

I hereby give permission that my child : _____ be given emergency treatment to include first aid and CPR by a qualified day care staff member at Early World Children's School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Date

Signature of Parent or Legal Guardian

Doctor's Name
(Required)

Doctor's Phone #

Dentist's Name
(Required)

Dentists Phone #

FIELD TRIP/OFF PREMISES ACTIVITY AUTHORIZATION

I hereby consent and authorize my child, _____ be allowed to participate in field trips.

In addition, by signing this authorization, the parent or legal guardian is representing his child is physically capable of participating in field trips.

Date

Signature of Parent or legal guardian