



First Aid / CPR And Emergency Medical Care Consent Form

Child's Name: _____

Date of Birth: ____/____/____

I, _____, authorize the staff of Little Stars Learning Center, who are trained in the basics of first aid/CPR to give my child first aid and/or 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 emergency care providers to transport my child to the nearest medical care facility and/or to _____, and to secure necessary treatment for my child.

CHILD'S PHYSICIAN INFORMATION:

Name of Physician:	Phone #:		
Physician's Address:	City:	State:	Zip:

Child's Allergies: _____

Chronic Health Conditions: _____

EMERGENCY CONTACTS (At Least Two Individuals, Other Than Parents / Guardians):

Name:	Phone #:		
Address:	City:	State:	Zip:
Relationship to Child:	Do you give permission for your child to be released to this person? Yes _____ No _____		

Name:	Phone #:		
Address:	City:	State:	Zip:
Relationship to Child:	Do you give permission for your child to be released to this person? Yes _____ No _____		

Name:	Phone #:		
Address:	City:	State:	Zip:
Relationship to Child:	Do you give permission for your child to be released to this person? Yes _____ No _____		

INSURANCE INFORMATION:

Health Insurance Coverage:		Policy #:
Parent/Guardian Name:	Primary Phone #:	Secondary Phone #:
Parent/Guardian Name:	Primary Phone #:	Secondary Phone #:

Parent/Guardian Signature

Date (Valid for One Year)

