

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Kinderhaven Preschool Academy

As the parent of authorized representative, I hereby give consent to KINDERHAVEN PRESCHOOL ACADEMY to obtain all emergency medical treatment prescribed by a duly licensed physician (M.D.) or osteopath (D.O.) for

_____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above. Whenever possible, the parent/guardian of the above child will be contacted prior to contacting an ambulance or other emergency transportation.

Emergency transportation will not be delayed, however, if contact with the parent/guardian is not made PRIOR to the necessity of the transportation.

Parent or Authorized Representative Signature

Date

Home Address

Cell number

Home number