

Emergency Release

Consent to Emergency First Aid & Transportation

I/We hereby give permission that my/our child, _____ may be given emergency treatment by an employee of Brandi's Place Child Care Center. I/We also give permission for my child to be transported by car, ambulance, or Aid's car to an emergency center for treatment, and agree to hold Brandi's Place Child Care Center harmless.

Parents Signature: _____ Date: _____

Consent to Medical Care and Treatment

In the event that I/We cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and agree to hold Brandi's Place Child Care Center harmless.

Parents Signature: _____ Date: _____

I/We further acknowledge Brandi's Place Child Care Center shall **not** be responsible for paying for the child's health care. This includes negligent emergency medical treatment, ambulance/medical transportation, medical, hospital or any other associated fees. I/We agree that neither I/We nor my/our child will bring any claims of any kind against Brandi's Place Child Care Center as a result of any injuries, expenses or damages that I/we or my/our child may suffer in any way related to the use of the facilities, toys, other children or employees, whether such claims are known or unknown arise in the future.

Emergency Information

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Policy: _____

Medicaid: _____ Medicaid Case # _____

Regular Medications: _____ Blood Type: _____

Food Allergies: _____ Other Allergies: _____

Medicine Allergic to: _____

Special Health Conditions: _____