

## Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact and Release, and lastly my physician. \_\_\_\_\_ (Initial)

In case of a medical emergency, I agree that my child may receive first aid and/or CPR.  
\_\_\_\_\_ (Initial)

In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.  
\_\_\_\_\_ (Initial)

In case of a medical emergency, I will be responsible for the emergency medical expenses.  
\_\_\_\_\_ (Initial)

In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. \_\_\_\_\_ (Initial)

I give my permission to this center to apply  sunscreen and  insect repellent to my child. Please check which products you will permit. \_\_\_\_\_ (Initial)

I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.

I  have  do not have special instructions for the application process.

Parent Signature \_\_\_\_\_

Staff initial \_\_\_\_\_ Date \_\_\_\_\_