Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Nicole Melanson. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian Signatures:_____ _____
Date_____

Consent to Medical Care and Treatment

In the event that I 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.

Parents/Guardians Signatures:_____
Date:_____

Nickies Daycare will not be responsible for paying for the child's health care.

1. Child's Physician:_____ Phone:_____
2. Preferred Hospital:_____ Phone:_____
3. Regular Medications:_____
4. Medicine allergic to:_____
5. Food Allergies:_____
6. Any other Allergies:_____
7. Any special health conditions:_____

Overview Of Care Needs

Number of days per week child care is needed:_____
Days of week care is needed:_____

I will bring my child to day care at:___ AM/___PM

I will pick up my child:___ AM/___PM.....Weekly fee:_____Late fee:_____
Comments:

Signatures:

Provider:_____Date:_____
Parent/Guardian:_____Date:_____
Parent/Guardian_____Date:_____