**CONSENT FOR EMERGENY TREATMENT BY THE DAYCARE, PARAMEDICS AND HOSPITAL STAFF**

I herby give my permission for my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be given emergency treatment (First Aid and CPR) by qualified ADULT (18 years +) until paramedics arrive, as needed.

We (I) also give my permission for my child to be transported by ambulance and treated by paramedics staff as needed to a hospital in case of an emergency that cannot be handled by Katharina Mierswa and deemed necessary by Katharina Mierswa.

In the event that we (I) CANNOT be contacted, we (I) further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licenced physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

In the case of a emergency and if emergency transportation is needed,

We (I) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to pay ALL COSTS involved with insurance or privately.

In the case of an emergency, we (I) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to pay ALL COSTS, such as but not limited to: medicine, hospital costs, medical equipment etc.

It is also understood that our (my) child will ONLY be driven by ambulance to the hospital in case of injury, and NEVER driven in a private vehicle.

Information that might be needed if an emergency arises:

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KNOW HEALTH/MEDICAL ISSUES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AND / OR

MOTHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_