

**GENUINE LEARNING ACADEMY  
EMERGENCY CONSENT FORM**

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Care Card #: \_\_\_\_\_

**Parent #1**

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Parent #2**

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact**

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child's Doctor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any Medical issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies:

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Medications:

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Child's Dentist Name: \_\_\_\_\_

Dentist Phone Number: \_\_\_\_\_

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CONSENT

- 1) It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service, either by facility staff or by emergency vehicle.
- 2) Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to the emergency centre.
- 3) I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent/guardian.
- 4) I hereby give consent for my child \_\_\_\_\_ to receive medical treatment.

Signature of Parent: \_\_\_\_\_

Name and signature of Witness: \_\_\_\_\_

***Please attach a current picture of your child.***