

# Emergency Contact and Consent Form

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## First Aid and Emergency Medical Care Consent Form

*The Teddy Bear Club teachers are trained in First Aid and CPR. All incidents and injuries will be reported on an Injury Report Form. Minor accidents such as cuts and scrapes will be treated with antibacterial soap and water; bruises and bumps will be treated with ice. In the case of a more serious injury, we will make an immediate attempt to contact a parent. If we cannot reach a parent or the designated emergency contact person, we will call an ambulance and your child's physician. A staff member will accompany your child in the ambulance to the hospital listed below. You will be expected to assume responsibility for any resultant expense.*

*I hereby authorize The Teddy Bear Club staff to administer First Aid and/or CPR to my child when appropriate. I understand that every effort will be made to contact me or the emergency contact persons listed below, in the event of an emergency requiring medical attention for my child. However, if I cannot be reached by The Teddy Bear Club staff, after reasonable efforts, under the circumstances, or when delay would be dangerous to my child's health in the reasonable opinion of the staff, I hereby authorize The Teddy Bear Club staff to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, to secure for my child necessary medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen.*

### **Emergency Contact Persons** (in order to be contacted)

In case of emergency, I hereby authorize the following persons to pick up my child if I cannot be reached:

1. Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**Medical Information**

Child's Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Allergies/Special Diet: \_\_\_\_\_

Individual Health Plan for child with chronic condition? If yes, please attach: \_\_\_\_\_

**Health Insurance Information**

Health Insurance Coverage: \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Additional Information**

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

**Individual Transportation Plan**

*A parental consent is required for each child's individual transportation plan.*

I hereby take the responsibility to plan how my child will be transported to and from the Teddy Bear Club.  
In general, my child will be brought to and picked-up from school as follows:

☐ parent drop off & pick up    ☐ supervised walk    ☐ private transportation arranged by parent

☐ other \_\_\_\_\_

\_\_\_\_\_  
Parent Signature                      Parent Name                      Date