

School Age Child Care First Aid & Emergency Medical Care Consent

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment to my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Health Insurance Coverage: _____ Policy: _____

Transportation Plan & Authorization

Please indicate how your child will arrive and depart from the program on a daily basis.

Method of Arrival:

Supervised walk from school classroom

Worcester Comprehensive Van

Worcester public school bus # _____

Unsupervised walk

Other: _____

Method of Departure:

Parent transport by car

Supervised walk

Unsupervised walk

Other: _____

Parent/Guardian Signature

Date