

St. Anne Catholic School

After School Care Program

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child/children

to be given emergency treatment (first aid and CPR) by a qualified staff member at St. Anne School After School Care Program. I also give permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed, I agree to pay all costs of transportation.

Doctor's Name and Phone: _____

Dentist's Name and Phone: _____

Preferred Hospital: _____

Parent/Guardian Signature _____ Date _____