



## Emergency Consent Form

My signature gives permission for the following:

In an emergency, The Savvy Apple Preschool has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by the doctor on call. Parents are always notified as soon as possible.

My child may be given sunscreen, bug spray, anti-bacterial first aid cream and diaper ointment, as needed and provided by the parent. All medication given while at The Savvy Apple Preschool must be accompanied by a note written and signed by the parent, as well as be in the original container.

I, \_\_\_\_\_ (parent or guardian) hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include First Aid and/or CPR by a qualified child care staff member at The Savvy Apple Preschool. I further authorize and consent medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by a physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent for such treatment.

I also give my permission for my child to be transported by personal vehicle, ambulance or aid car to an emergency center for treatment.

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Parent Signature

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Date