

**CONSENT TO MEDICAL CARE & TREATMENT OF MINOR CHILD  
and  
EMERGENCY MEDICAL INFORMATION**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified staff member at the \_\_\_\_\_ Cooperative Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.

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

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

Information for: \_\_\_\_\_ (child's name)      Birth date: \_\_\_\_\_

Regular medications: \_\_\_\_\_

Allergies and drug reactions: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Other health information: \_\_\_\_\_

Parent's work phone: \_\_\_\_\_ Other number : \_\_\_\_\_

Parent's work phone: \_\_\_\_\_ Other number : \_\_\_\_\_

Other person to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_ Membership number: \_\_\_\_\_

Employer: \_\_\_\_\_ Group number: \_\_\_\_\_