



SAFARI REGISTRATION FORM

Emergency Medical Treatment Authorization/Consent Form
Please fill this form out completely or it will be returned to you to finish.

This form was completed on _____

Child's Full Name _____
Birth Date _____
Child's Age _____
Child's Sex _____

I, _____ parent or guardian of the child named above give my permission to **SAFARI CHILD CARE CENTER**, childcare center, to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____
Address: _____
Cell Phone: _____ Work: _____
Email: _____
Name of Parent or Legal Guardian: _____
Address: _____
Cell Phone: _____ Work: _____
Email: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Preferred Hospital to Contact: _____

Dentist: _____

Dentist's Address: _____

Dentist's Phone: _____

Present medication(s): _____

Known allergies: _____

Insurance: _____

Physical on child completed on _____

Immunization records give to center on _____

If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____

Address: _____

Cell: _____ Work: _____

Relationship to child _____

Name: _____

Address: _____

Cell: _____ Work: _____

Relationship to child _____

Please circle your response and fill in the blank if applicable.

I do or do not give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I do or do not give consent for my child's picture to be taken.

I do or do not give consent for my child to be videotaped.

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____