

**EMERGENCY MEDICAL CONSENT  
SUNFLOWER CHILDCARE/PRESCHOOL  
This form must be presented upon admission for treatment.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In the event that my child may require medical attention and/or surgery while I am out of the city or unable to be reached, I hereby give my consent for medical and/or surgical treatment for (Child's name) \_\_\_\_\_ to our preferred doctor. If our doctor is unavailable, the on-call doctor at the closest facility may give care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Family Information: Parents or Guardians			
Name	Address & Home Phone	Work Phone	Cell Phone

Hospital, Doctor, and Dentist Preference			
Name	Address	Phone	
<b>Doctor:</b>			
<b>Hospital:</b>			
<b>Clinic:</b>			
<b>Dentist:</b>			

Other Information
Known Allergies:
Present Medications:
Important medical history or issues:
Date of last tetanus:
Insurance Name, Address, and Phone:

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

**Every effort will be made to notify the parents (guardian) immediately in case of an emergency.**