CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO	
MVPC NURTURY PRESCHOOL	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME	TO OBTAIN ALL LIMENDENT MEDICAL ON BEINTAL CANE
PRESCRIBED BY A DULY LICENSED PHYSIC	CIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
	. THIS CARE MAY BE GIVEN UNDER
NAME	
WHATEVER CONDITIONS ARE NECESSARY	TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.	
CHILD HAS THE FOLLOWING MEDICATION ALLERG	IES:
DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE
HOME ADDRESS	
HOME PHONE	WORK PHONE
()	()

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