

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission that my child may be given emergency treatment by a qualified staff member at St. Bernadette Extended Day Program.

If you do not wish your child to be treated, please give special instructions: _____

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

In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child(ren) by a licensed physician or hospital when deemed immediately necessary for available by the physician to safeguard my child(ren)'s health.

PARENT'S SIGNATURE

DATE

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DATE