

**GROUP CHILD CARE
FIRST AID/CPR AND EMERGENCY MEDICAL CARE
CONSENT FORM**

I authorize staff at Boxboro Children Center who are currently trained in the first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention to my child. However, if I cannot be reached, I hereby authorize the staff at BCC to transport my child to the nearest medical care facility and or to _____ and to secure necessary medical treatment for my child.

EMERGENCY CONTACTS (in order to be contacted)

Name: _____ Address: _____
relationship to child: _____ phone# _____
Do you give permission for your child to be released to this person: _____

Name: _____ Address: _____
relationship to child: _____ phone# _____
Do you give permission for your child to be released to this person: _____

Name: _____ Address: _____
relationship to child: _____ phone# _____
Do you give permission for your child to be released to this person: _____

Health Insurance Coverage: _____ Policy # _____

Parents emergency phone numbers...BCC will call in this order:
Please indicate whom BCC staff should ask for at each number.

#1 _____
#2 _____
#3 _____

Parent signature _____

Date _____