

PROMISED FUTURE, INC.

CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT

NAME OF CHILD: _____

BIRTHDATE: ____/____/____

In any emergency, every possible effort will be made to contact the parents/ guardian of the child involved. However, if at any time, emergency medical treatment is required due to such circumstances as accident, sudden illness or other emergency; this may be given by a registered first-aid trained member of the staff, a private physician or hospital. This includes anesthetic if necessary.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF WITNESS: _____
(A NON-FAMILY MEMBER)

PLAN OF ACTION IN CASE OF EMERGENCY

PARENTS:

We strongly advise you to have back-up plans for child-care in the event that we experience a disruption to our operations or that your child suffers from an infectious illness or fever and cannot attend for the safety of others.

In the case of power failure during the normal hours of operation you will be notified to come and collect your child. If it occurs during the late hours please contact the school to be aware of possible closure.

In the event of a formally declared emergency/disaster locally please collect your child as soon as possible or send care of your pre-designated alternate to do so.

In the event of a pandemic Influenza occurrence, we will be closed until further notified by the Health officer to re-open.

If for any reason the center must be closed due to a localized event/issue you will receive a phone call and be given specific information.

If we must close due to flood, snowstorm, sewage back up, no power, water or heat, you will be contacted to pick-up your child until it is deemed safe for your child to attend.

Signature _____

DATE: _____