



## Emergency Consent Form

I/We hereby authorize OAK PARK EARLY LEARNING ACADEMY to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Child's Name: \_\_\_\_\_

Chronic illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Other health information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance company: \_\_\_\_\_

Member number: \_\_\_\_\_ Group number: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Phone number of parent/guardian: \_\_\_\_\_

Additional phone numbers: \_\_\_\_\_

Parent/guardian employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_