



BCITSA Childcare Centre Emergency Consent Form

Child's Name: _____

Child's Care Card Number: _____

It is the policy of this Centre to notify an enrolling parent/legal guardian when a child is ill or needs medical attention. Occasionally we cannot contact enrolling parents/legal guardians and we need to get immediate help for the child. Our procedure is to call 911 for an ambulance.

In a life threatening emergency, 911 will be called before contact with parent is made.

Please sign below so that we can take appropriate action on behalf of your child.

I hereby give consent for my child _____ in an emergency to call 911 and to be taken to the nearest emergency centre by ambulance if necessary.

Parent/Guardian Name

Signature

Date