Medical Care and Emergency Contact Information

Child's Name ____ Birth Date____________________
Address ____
Parent Name ________________________ Phone (H)__________________ (W) __________________________
Parent Name ________________________ Phone (H)__________________ (W) __________________________
Alternate Emergency Contact 1) _______________________________________ Phone _______________________
Alternate Emergency Contact 2) _______________________________________ Phone _______________________
Child's Physician ____ Phone _______________________
Known Allergies of Child ____
____

Describe past serious illnesses or hospitalizations with dates ____
____

Medicines taken by child ____
Date of last tetanus injection ____
Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc. ____
____

Health Insurance Company ________________________________ Policy Number ___________________________

Notarized Emergency Medical Treatment Consent

I hereby give Georgia State University Child Development Program permission to provide first aid care for my child, _______________________________________. In the event I cannot be reached, I hereby authorize the Child Development Program to have my child transported to the emergency room of the hospital(s) listed below, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) below, my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

☐ Nearest Hospital, OR ____ Hospital

Parent/Guardian Name ________________________ Signature________________________ Date ___________
Parent/Guardian Name ________________________ Signature_________________________ Date ___________

State of ____________________
County of ___________________

The foregoing Consent was acknowledged before me this ______ day of ___________, 20_______ by
____________________________________ and_________________________________

Notary Seal

Notary Public_________________________________
My Commission Expires:_________________________