



# MEDICAL EMERGENCY FORM

I, \_\_\_\_\_, Parent/guardian of \_\_\_\_\_,  
Do hereby give my permission and/or consent to Pea Pods Child Care, and  
staff, to secure and authorize such emergency medical care and/or  
treatment as my child (above named) might require while under the  
supervision of said Pea Pods Child Care. I also authorize said Pea Pods Child  
Care to administer emergency care or treatment as required until emergency  
medical assistance arrives. I also agree to pay the entire costs and fees  
contingent on any emergency medical care and/or treatment for my child as  
secured or authorized under this consent.

I understand that every effort will be made to notify parents immediately in  
case of an emergency.

Emergency Numbers:

Physician to contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred hospital to

contact \_\_\_\_\_ Phone \_\_\_\_\_

Address  
\_\_\_\_\_

Other relatives or persons to contact in an emergency:

Name

Address

Phone

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Signed \_\_\_\_\_ Date \_\_\_\_\_