

CONSENT TO MEDICAL CARE

I hereby give permission that my child _____, may be given emergency treatment by a qualified child care provider at Country Knoll Preschool. When I cannot be Contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I wave my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Parent/Guardian's

Signature _____ Date _____

Parent/Guardian's

Signature _____ Date _____

Street Address _____ City _____ Zip _____

Phone Number _____