



CONSENT FOR MEDICAL TREATMENT

I _____ am the legal parent/guardian of
Parent's First and Last Name

Child's First and Last Name.

In an emergency **Amazing Kids Learning Center** staff member(s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense.

Yes

No

In an emergency, my child may receive first aid

Yes

No

In an emergency, the above named person has my permission to call

Dr. _____ at (phone Number) _____

and, if necessary, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense.

Yes

No

(Signature over Printed Name of Parent/Guardian)

Date