

## EMERGENCY MEDICAL ATTENTION FORM

I, \_\_\_\_\_, give permission to the staff of Merry Pop-Ins Childcare Centre to give, if required, first aid treatment to my child, \_\_\_\_\_. The staff also has my permission to send or transport my child to the hospital at my expense if the situation requires it. I hereby give permission to the supervisor or designated staff person to act on my behalf in obtaining and/or authorizing medical treatment for my child if they are not able to reach me. I understand that any treatment would be on the advice of a qualified medical doctor and that I will be notified as soon as possible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian