

# Emergency Medical/Transport Consent Form

In the event of a **medical emergency**, I \_\_\_\_\_ (parent name) give permission to the staff at Calvary Kids Development Center to make decisions for and/or provide care for my child \_\_\_\_\_ (name of child). I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that I will be notified of any emergency as soon as possible.

These decisions may include:

- Emergency transportation (i.e. ambulance)
- Permission for emergency personnel to provide treatment (i.e. EMT/ Emergency Room Staff)
- Permission for staff trained in CPR/First Aid to provide treatment until other emergency personnel arrive.
- Directing emergency transportation to the closest hospital.

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Parent Signature

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Date