



## First Aid and Emergency Medical Care Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff at YoungerMusik who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize **YOUNGERMUSIK** to arrange for transport of my child to the nearest medical care facility and to obtain necessary medical treatment for my child.

Child's Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

### Emergency Contacts (In order to be contacted)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes No

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes No

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes No

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_