



YOUNGERMUSIK
175 BAY 22nd STREET
BROOKLYN, N.Y. 11214
718 755-1179

YOUNGERMUSIK
5735 KINGS HIGHWAY
BROOKLYN, N.Y. 11203
718 755-1179

**FIRST AID AND EMERGENCY MEDICAL CARE
 CONSENT FORM**

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program 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 Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

1. Name: _____ **Address:** _____

Relationship to Child: _____ **Phone #:** _____

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

2. Name: _____ **Address:** _____

Relationship to Child: _____ **Phone #:** _____

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

3. Name: _____ **Address:** _____

Relationship to Child: _____ **Phone #:** _____

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

 PARENT SIGNATURE DATE