

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

COVID-19 Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

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

Address \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

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

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

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

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

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

**Emergency Release *Other than Parents*: In the event that my child is ill and requires an immediate pick up, I give permission for the following person to pick up (within 1 hour of receiving phone call)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give permission for my child to be released to the individual listed above- Yes \_\_\_ No \_\_\_

**All information in the box below must be filled out completely**

**Health Insurance Coverage** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Work Town** \_\_\_\_\_

**Personal Email** \_\_\_\_\_ **Work Email** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Work Town** \_\_\_\_\_

**Personal Email** \_\_\_\_\_ **Work Email** \_\_\_\_\_

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date (valid for one year)