

CONSENT FOR MEDICAL TREATMENT

In an emergency **Caterpillar Learning Child Care staff member** (s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Yes No

In an emergency, my child may receive first aid Yes No

In an emergency, the above named person has my permission to call Dr. _____ at (phone Number) _____ and, if necessary, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. Yes No

Signature of Parent/Guardian

Date