



MEDICAL EMERGENCY FORM

I, _____, Parent/guardian of _____,
Do hereby give my permission and/or consent to Pea Pods Child Care, and
staff, to secure and authorize such emergency medical care and/or
treatment as my child (above named) might require while under the
supervision of said Pea Pods Child Care. I also authorize said Pea Pods Child
Care to administer emergency care or treatment as required until emergency
medical assistance arrives. I also agree to pay the entire costs and fees
contingent on any emergency medical care and/or treatment for my child as
secured or authorized under this consent.

I understand that every effort will be made to notify parents immediately in
case of an emergency.

Emergency Numbers:

Physician to contact _____ Phone _____

Address _____

Preferred hospital to

contact _____ Phone _____

Address

Other relatives or persons to contact in an emergency:

Name

Address

Phone

Signed _____ Date _____