

**Consent Form** for (child's name) \_\_\_\_\_

Care Card # \_\_\_\_\_ Expiry \_\_\_\_\_

It is SGI Neighbourhood House / Epicentre's policy to notify a parent / guardian when a child is ill or needs medical attention. There are occasions we cannot contact parents or guardians first and we need to get immediate help for your child. Please sign the consent below so that we can take action on behalf of your child. We will take this signed consent form with us to the emergency centre.

I authorize the staff or person(s) in charge of the SGI Neighbourhood House Epicentre to call a physician; take my child to the nearest emergency centre; or summon an ambulance for medical first aid; should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted first. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

_____	_____
Date	Signature of parent / guardian
_____	_____
Witness	Witness

**Emergency Consent Card**

Name: \_\_\_\_\_ Birthdate / / Sex: M / F

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Office #: \_\_\_\_\_

Vaccines: DPT \_\_\_ MMR \_\_\_ Polio \_\_\_ Hep B \_\_\_ Hib \_\_\_\_\_

Allergies/Medications/Disabilities: \_\_\_\_\_  
\_\_\_\_\_