

WEST VANCOUVER CHILD DEVELOPMENT CENTRE
EMERGENCY CONSENT CARD

CHILDS NAME:	BIRTHDATE(M/D/Y)	SEX: M F
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HEALTH CARE CARD NUMBER:

LAST TETANUS SHOT:	MMR VACCINE:	HIB VACCINE:
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ALLERGIES:	MEDICATIONS:	DISABILITIES:
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ADDRESS:

MOTHER:	HOME PHONE:	WORK PHONE:	CELL PHONE:
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FATHER:	HOME PHONE:	WORK PHONE:	CELL PHONE:
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EMERGENCY CONTACT & PICK UP PERSONS

1.	DAYTIME PHONE:
2.	DAYTIME PHONE:

DOCTOR:	PHONE NUMBER:
DENTIST:	PHONE NUMBER:

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency centre.
I authorize the staff or person(s) in charge of West Vancouver Child Development Centre, to call a physician: take my child to the nearest emergency centre: or attendance, feel such services are required and I cannot be contacted by phone. If such 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 me.

DATE:	SIGNATURE OF PARENT/GURDIAN
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DATE:	WITNESS
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PHOTO OF CHILD
