



Emergency Medical Consent Form

The Director/Assistant Director of Wee Care Early Learning Ministry has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name

Home Phone _____ Work Phone _____

Cell Phone _____

E-mail Address:

Father/Guardian's Name

Home Phone _____ Work Phone _____

Cell Phone _____

E-mail Address:

Medical Information

My insurance provider is

My child's medical record number is

Preferred hospital/treatment center
