

EMERGENCY CARE CONSENT

Child's Name: _____

While my child is under the care and supervision of Precious Lambs Preschool, I give permission for my child to receive First Aid/ CPR and Heimlich from trained and certified preschool staff.

In case of illness or an accident, while my child is under the care and supervision of Precious Lambs Preschool, I give my permission to the Director or Acting Director, at her discretion and when it is possible in view of the safety of my child, to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian, the child's physician, or persons listed on emergency contacts.
2. If we cannot contact you or your child's physician, we will call 911 (paramedics). The paramedics will transport your child to the nearest hospital. Your child will be accompanied by a member of the Preschool or staff.

It is understood that in some medical situations, the preschool staff will need to contact the paramedics before the parent, child's doctor, and/or other adults are contacted on the parent's behalf.

I agree to pay for expenses incurred during emergency medical care and treatment.

Parent's Signature: _____

Date: _____