

CONSENT FOR MEDICAL CARE AND TREATMENT

I, _____ (parent or legal guardian), hereby consent to the provision of emergency medical treatment, to include first aid and CPR, to my child(ren), _____, by a qualified Children's Village staff member. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name