



# Emergency Consent Form

Students Name: \_\_\_\_\_ Birthdate(D/M/Y): \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Out of City Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Students Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

## CONSENT

1. It is the policy of BIS to notify a parent when a child is ill or needs medical attention. If we cannot contact parents and need to get immediate help for the child, our procedure is to call for an ambulance or get the child to the nearest hospital.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contact.
4. I hereby give consent for my child named above to receive medical treatment.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_