

# Consent and Emergency Contacts

This form is to be completed and signed by the child's parent or legal guardian.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event the child named above is injured or ill, I understand that Sparks Early Learning Academy will attempt to contact me, the other parent, or legal guardian at the telephone numbers provided below:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Name Best phone # to be reached.

If the person(s) listed above are not available, I give permission to the school to provide first aid for my child, and to take appropriate measures including, but not limited to, the following measures:

1. Reaching an emergency contact to pick up my child from the school:

Name Phone # Name Phone #

\_\_\_\_\_  
\_\_\_\_\_

2. Contacting my child's physician:

Name of Physician Phone #

\_\_\_\_\_  
\_\_\_\_\_

3. Contacting the EMS System, and/or an ambulance to transport my child to Mary Washington Hospital. At no time will an employee of the CDC drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Additional Consent

1. I hereby give consent for my child to use all the play equipment, and to participate in all the activities that Sparks Early Learning Academy offers.

2. I hereby give consent to allow staff at Sparks Early Learning Academy to provide for my child's personal, private toilet needs.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Name Date

