

First Aid & Medical Emergency Care Consent Form

I, _____, authorize staff representing **Kids Academy Childcare**, who are trained in the basics of first aid to give my child _____, first aid when appropriate and necessary. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, **I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.**

Signature

Notary Public

State of _____ County of _____

Subscribed and sworn to before me on this _____ day _____, 20 _____.

Who is personally known to me or has produced _____ for identification.

Notary Public Name: _____ My commission number is: _____

Signature of Notary Public: _____

My commission expires on: _____