

# CONSENT FOR MEDICAL TREATMENT

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

In the event that my child becomes ill or is injured while under MDO supervision, I approve the Mother's Day Out authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions
2. In the event of an emergency when neither parent nor legal guardian can be reached immediately, the MDO authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest clinic or hospital for consultation and/or treatment. Such transporting is to be done either by MDO provided transportation, or if MDO officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Director or her designated representative to furnish on my behalf such written or oral authorization as may be so required..

Furthermore, I release the Director of her designated representative, Mother's Day Out, and Briarwood Presbyterian Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

## EMERGENCY INFORMATION

Responsible adult to contact if Parent or Guardian cannot be reached:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Telephone # \_\_\_\_\_

**An additional signature is required here to give us permission to administer a prescribed dose of Children's Tylenol, Motrin or similar such OTC medications, in the event of a high fever and we have been unable to contact you or your spouse.**

Signature \_\_\_\_\_ - give any specific instructions or reservations on the back.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_