

MEDICAL CONSENT CARD - Child file

Child: _____ D.O.B. _____

Alberta Health Care #: _____

Parent 1: _____ Home #: _____

Address: _____

Work & Work Address _____

Cell #: _____ Work # _____

Parent 2: _____ Home #: _____

Cell #: _____ Work # _____

Parent address if different than above: _____

Work & Work address: _____

Emergency Contact Person: _____ Phone # _____

Medical Conditions: _____

Dietary Restrictions: _____

Prescribed Medications: _____

My child's immunizations are up to date. Yes ☐ No ☐

Does your child have a potential life-threatening allergy? Yes ☐ No ☐

Does your child require health care (additional to giving medication)? Yes ☐ No ☐

If yes, provide details:

In the event of an emergency when I cannot be reached, I give my permission for medical procedures deemed necessary by my Doctor, or by any physician selected by the Agency or Dayhome Program Educator. Presentation of this card as signed by you, the parent, or other legal guardian, gives consent for your child to receive medical assessment and treatment as deemed necessary.

Date

Signature of Parent or Legal Guardian

The personal information contained on this document is required under our contract with Child and Family Services and is collected under the Freedom of Information and Privacy Act. It will be used in case of emergency to attain medical services for your child in your absence or prior to your arrival.

Created:

Revised: May 26, 2022 (not fillable version)
Docuware/Child Files/Medical Consent Card (Blank)

MEDICAL CONSENT CARD - Travel First Aid Kit

Child: _____ D.O.B. _____

Alberta Health Care #: _____

Parent 1: _____ Home #: _____

Address: _____

Work & Work Address _____

Cell #: _____ Work # _____

Parent 2: _____ Home #: _____

Cell #: _____ Work # _____

Parent address if different than above: _____

Work & Work address: _____

Emergency Contact Person: _____ Phone # _____

Medical Conditions: _____

Dietary Restrictions: _____

Prescribed Medications: _____

My child's immunizations are up to date. Yes ☐ No ☐

Does your child have a potential life-threatening allergy? Yes ☐ No ☐

Does your child require health care (additional to giving medication)? Yes ☐ No ☐

If yes, provide details:

In the event of an emergency when I cannot be reached, I give my permission for medical procedures deemed necessary by my Doctor, or by any physician selected by the Agency or Dayhome Program Educator. Presentation of this card as signed by you, the parent, or other legal guardian, gives consent for your child to receive medical assessment and treatment as deemed necessary.

Date

Signature of Parent or Legal Guardian

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Reviewed: December 1, 2017