

**Please be advised, as per Section 4(1)(b) of the Community Care and Assisted Living Act, CCFL can call for and inspect all records of a community care facility.**

It is a requirement of the Community Care and Assisted Living Act, Child Care Regulations, that the licensee obtain an emergency consent form signed by a parent of each child enrolled in their licensed facility.

\_\_\_\_\_  
 NAME OF PARENT(S)/GUARDIAN(S):

\_\_\_\_\_  
 NAME OF CHILD:

\_\_\_\_\_  
 ADDRESS:

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

\_\_\_\_\_  
 CITY:

ALLERGIES/MEDICAL CONDITION:  
 (Please note any medications used for the above.)

\_\_\_\_\_  
 TELEPHONE:

\_\_\_\_\_  
 Office:

\_\_\_\_\_  
 Home:

ALTERNATE EMERGENCY CONTACTS:  
*I hereby authorize my child to be released to the following:*

\_\_\_\_\_  
 MEDICAL PLAN NO. \_\_\_\_\_

\_\_\_\_\_  
 FAMILY DOCTOR:

\_\_\_\_\_  
 Name:

\_\_\_\_\_  
 Telephone:

\_\_\_\_\_  
 NAME TELEPHONE

\_\_\_\_\_  
 NAME TELEPHONE

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**PERMISSION FOR EMERGENCY MEDICAL AID IN CASE OF ACCIDENT OR ILLNESS**

I hereby give my permission to \_\_\_\_\_ to call a physician or ambulance in the case of accident or illness of my child \_\_\_\_\_ when I cannot be immediately reached.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent or Guardian: