



Canton Day Care Center, Inc.

205 State Street Road

315-379-1829

Consent for Emergency Medical Treatment

I give my consent for Canton Day Care Center to seek any emergency medical treatment needed for my child. In event of an emergency, 911 will be called and the child will be transported to the nearest hospital. The director or teacher will contact the parent immediately.

Child's Name: _____ DOB: _____

Allergies or special conditions:

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

Date: _____