



Playgroup and Activity Center

Emergency and Medical Consent

Name of child/ren.....

In the event of an emergency, I give consent to Carolyn Smith and her assistant/s to take appropriate action, which may involve taking my child to a doctor or the nearest Hospital and to act upon medical advice given and authorize medical treatment until the arrival of myself or another guardian.

Any medication needed to be administrated to your child must be recorded and signed for in the Lollipop House medicine and accident book.

Signature..... Date.....