

# First Aid and Emergency Medical Care Consent

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I authorize the staff members of Mountain Village School, who are trained in the basics of First Aid/CPR, to provide care to my child when appropriate.**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize MVS to provide transportation, via ambulance, for my child to the nearest medical care facility, and/or Copley Hospital in Morrisville, University of Vermont Medical Center in Burlington, or Central Vermont Medical Center in Barre and to secure necessary medical treatment for my child.

Child's Physician and Practice \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Child's chronic health conditions, special considerations or limitations \_\_\_\_\_

## **Health Insurance**

Carrier \_\_\_\_\_ Member ID \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relation to child \_\_\_\_\_

## **Emergency Contacts** (please list in order to be contacted, list a minimum of 4)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

See reverse side

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date