

# Childcare Medical Consent Form Sample for Emergencies

Using a **Childcare medical consent form** sample for emergencies ensures that caregivers have authorized permission to make medical decisions on behalf of a child. This form is crucial for providing timely treatment when parents or guardians are unavailable. It helps safeguard the child's health by clearly outlining consent details and emergency contacts.

## Sample Childcare Medical Consent Form

### Child Information

Child's Full Name:

Date of Birth:

Known Allergies/Medical Conditions:

### Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

### Emergency Contacts

Contact 1 Name & Relationship:

Contact 1 Phone:

Contact 2 Name & Relationship:

Contact 2 Phone:

### Consent Authorization

I hereby authorize the designated childcare provider to seek and obtain medical care, including emergency medical services, for my child, as named above. I understand that I will be notified as soon as possible in the event of an emergency.

Parent/Guardian Signature:

Date:

**Submit**

This sample form should be customized as needed and reviewed by a legal professional to comply with applicable local laws and regulations.