State Department of Education
Child Development Division
Form CD-9607, (Rev 6/88)
Rev MSJC CDEC 1/07

To be completed by parent or guardian and updated at recertification and as changes occur

Consent to Treat Emergency Form

This form will be placed in the classroom backpack for use in an emergency that separates the child from the front desk emergency information. The person performing first aid will need to have a signed consent form and information about any allergies or medical limitations. Please sign in Blue Ink.
This form should be updated every six months.

I. Identification:
Child's name (Last, First, Middle): _____ Birthdate: _____

II.

Medi-Cal Number _____ **Medical Insurance** _____

Insurance Number _____

V. Allergies or Other Medical Limitations _____

Medications Taken: _____

VI. Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.
In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense. In the event of a major disaster all adults on this form are authorized to remove this child from the center.

Signature_____ Date _____
Parent or Guardian