



**CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM**

102 CMR 7.09(3)

Please Print Clearly. Complete One Application Per Child

Child's Name: _____ Date of Birth: _____

I authorize staff in the Cedarland Fit 'n Fun After School Program who are trained in the basics of First Aid to give First Aid 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 the program to transport my child to the nearest medical care facility and/or _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone #: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In Order to be Contacted)

1. Name _____ Address: _____

Relationship to Child: _____ Phone #: _____ Cell #: _____

Do you give permission for child to be released to this person (circle one)? Yes No

2. Name _____ Address: _____

Relationship to Child: _____ Phone #: _____ Cell #: _____

Do you give permission for child to be released to this person (circle one)? Yes No

3. Name _____ Address: _____

Relationship to Child: _____ Phone #: _____ Cell #: _____

Do you give permission for child to be released to this person (circle one)? Yes No

Health Insurance Coverage:		Policy #:
Parent(s) Name:	Phone(w)	Phone(h)
Parent(s) Name:	Phone(w)	Phone(h)

Parent/Guardian Signature

Date