

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-  
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_  
FACILITY NAME TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_  
NAME . THIS CARE MAY BE GIVEN UNDER WHATEVER  
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE\_\_\_\_\_  
HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

**New World Child Development Center  
Photograph Release**

I/We the parent(s) of \_\_\_\_\_, give  
permission/release for New World Child Development Center to use my child's  
photographs for use ONLY within our center for picture/poster display.

No commercial use will be permitted.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_