

# Busy Bee Daycare

913 S. 23<sup>rd</sup> Street, Arlington, VA 22202

703 920 8633

## EMERGENCY MEDICAL CONSENT FORM

Busy Bee Daycare has my permission to obtain emergency medical treatment for my child,  
\_\_\_\_\_ when I cannot be reached or if a delay in reaching  
my child would be dangerous for him/her.

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

My insurance provider is \_\_\_\_\_

Preferred hospital/treatment center \_\_\_\_\_

My child is taking the following medications

\_\_\_\_\_

My child has the following allergies

\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date