

SAFARI REGISTRATION FORM

**Emergency Medical Treatment Authorization/Consent Form**  
**Please fill this form out completely or it will be returned to you to finish.**

This form was completed on \_\_\_\_\_

Child's Full Name _____
Birth Date _____
Child's Age _____
Child's Sex _____

I, \_\_\_\_\_ parent or guardian of the child named above give my permission to **SAFARI CHILD CARE CENTER**, childcare center, to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:**

Name of Parent or Legal Guardian: _____
Address: _____
Cell Phone: _____ Work: _____
Email: _____
Name of Parent or Legal Guardian: _____
Address: _____
Cell Phone: _____ Work: _____
Email: _____

Doctor: _____
Doctor's Address: _____
Doctor's Phone: _____
Preferred Hospital to Contact: _____
Dentist: _____
Dentist's Address: _____
Dentist's Phone: _____

Present medication(s): _____
Known allergies: _____
Insurance: _____

Physical on child completed on \_\_\_\_\_  
Immunization records give to center on \_\_\_\_\_  
If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on \_\_\_\_\_

**The following individuals may be contacted in case of emergency and my child may be released to them:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Please circle your response and fill in the blank if applicable.**

I do or do not give consent for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I do or do not give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I do or do not give consent for my child to attend non center activities. My child will attend the following non center activities: \_\_\_\_\_

I do or do not give consent for sun block to be applied to my child's skin. If you have a preference on sunscreen you must provide it with the child's name written on the container in a permanent marker. Please list the preferred sunscreen if applicable \_\_\_\_\_

I do or do not give consent for my child's picture to be taken.

I do or do not give consent for my child to be videotaped.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_