

In case of accident or illness, all attempts will be made to contact the parent/guardian(s) first. In the event that we are unable to reach you, please provide the names of the individual(s) (not including person(s) listed as parent/guardian) that are authorized to pick up your child and/or be contacted in case of emergency. **Please notify the individuals you are listing.**

NAME	PHONE	RELATIONSHIP TO CHILD
1. _____	(H) _____	_____
	(W) _____	(Cell) _____
2. _____	(H) _____	_____
	(W) _____	(Cell) _____
3. _____	(H) _____	_____
	(W) _____	(Cell) _____
4. _____	(H) _____	_____
	(W) _____	(Cell) _____

In all attempts to ensure that your child has a pleasant and enjoyable Kinder Care, After School Care, Kidz Club experience, is there any other information (medical or otherwise) that we should be aware of?

CONSENT FORM

It is the policy of the JCC Children's Programs to notify a parent/guardian when a child is ill or needs medical attention. In the event we cannot contact the parent(s)/guardian(s) and we need to get immediate help for the child, our procedure is to take the child to the nearest emergency service.

Please sign the consent form below so that we can take appropriate action on behalf of your child. We will be taking it with us to the emergency service.

I hereby give consent for my child _____, when taken ill, to be taken to the nearest emergency centre by the JCC Children's Staff.

I hereby give consent for my child _____ to receive medical treatment.

Date

Signature of Parent/Guardian

Witness