

**Leaping Learners
37 Patillo Rd
Stockbridge, GA 30281**

Consent For Emergency Treatment

I hereby give permission for my child / Children _____

May be given emergency treatment (first aid and CPR) by a qualified staff member of *Leaping Learners Early Learning (Pre-School & Childcare Center.)*

I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed

I _____ agree to pay all cost of transporation.

Child's physician _____

Preferred hospital _____

Hospital address _____

Medical Insurance _____

Insurance numbers _____

Allergies _____

Father's Name _____

Mother's Name _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____