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

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

	AS THE PARENT OR AUTHORIZED REPRESEN	TATIVE, I HEREBY GIVE CONSENT TO	
		TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE	
	PRESCRIBED BY A DULY LICENSED PHYSICIA	N (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR	
		. THIS CARE MAY BE GIVEN UNDER WHATEVER	
	CONDITIONS ARE NECESSARY TO PRESERVE ABOVE.	THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED	
CHILD	HAS THE FOLLOWING MEDICATION ALLERGIES:		
	DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
HOME A	DDRESS		
HOME PH	HONE	WORK PHONE	
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LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)		
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