



HARVEST LEARNING CENTER

224 Harvest Lane | Natrona Heights, PA 15065 | 724.295.0611

CONSENT TO TREAT IN THE EVENT OF AN EMERGENCY

I hereby give my permission for...

Child's Name: _____

Date of Birth: _____

...to be given emergency treatment (first aid and CPR) by a qualified staff member at Harvest Learning Center.

I also give my permission for my child to be transported by ambulance and treated by EMT, as needed, to an emergency center in the case of an emergency that cannot be handled at Harvest Learning Center and deemed necessary by the staff.

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.

If emergency transportation is needed, I agree to pay all costs involved, either with insurance or privately.

EMERGENCY INFORMATION NEEDED:

(if an Emergency occurs)

Child's Physician: _____

Physician's Phone Number: _____

Preferred Hospital (IF there's a choice): _____

MEDICAL INSURANCE INFORMATION:

Name of Insurance Company: _____

Insurance Policy Numbers: _____

Allergies: _____

Parent Signature: _____

Date: _____