



The Nannies Unlimited Child Center & Preschool Inc.

www.nanniesunlimitedchildcare.com

Emergency Medical Consent

Permission for medical care in my absence. (This form must be presented upon admission for treatment.)

Full Name: _____

In the event that I may require emergency medical and/or surgical care and I am unable to do so independently, I hereby give my consent to medical and/or surgical treatment to the _____ Hospital and Doctor _____ or his/her designee to provide this care.

I/We agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for myself as secured or authorized under this consent.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Doctor: _____

Phone: _____

Address: _____

Hospital of preference: _____

Person(s) to be contacted in emergency:

Name:	Work:	Home Phone:	Relationship:

This consent will be in effect beginning _____ and continuing while I am employed at The Nannies Unlimited Child Center & Preschool Inc.

Signature: _____ Date: _____