



SEVERNA PARK CHILDREN'S CENTRE, INC

EMERGENCY MEDICAL CONSENT

I, _____, hereby give my consent for emergency medical care to be provided for my child, _____, while he/she is in the care of Severna Park Children's Centre, Inc.

Physician _____

Address _____

Phone# _____

Insurance information _____

Allergy to medication _____

Current medication _____

Medical concerns _____

Religion _____

Other _____

In case of an emergency, I can be reached at: _____

Parent Signature: _____ Date _____

Address _____
