

Emergency Form

Medical Emergency

Your signature below authorizes the Cornwall Child Center to administer CPR and first aid to your child in the event of an emergency. In emergency situations 911 will be called and the Cornwall Ambulance will transport your child to _____ Hospital in the town of _____ as per the consent for treatment for included in this enrollment packet.

Please list current information about your health insurance coverage which would be required for treatment in an emergency. _____

Signature of Parent/Guardian: _____

Date: ___/___/___

Evacuation Emergency

In the case of an emergency, the Cornwall Child Center has my permission to care for my child/children in another building. Example: Cornwall Consolidated School and Fire House across the street.

Signature of Parent/Guardian: _____

Date: ___/___/___