

Conscious Kids
621 Ricardo Ave. SB, CA 93109
(805) 708-2218



Medical Consent

We/I _____ parent(s)/
legal guardian(s) of _____ (use full legal
name of child) hereby grant Conscious Kids permission to give emergency
treatment, including First Aid and CPR, by a qualified staff member, and to seek
medical attention for _____ (use full legal
name of child). In the event such a treatment is deemed necessary, we
understand that every effort will be made to contact us.

In the case that every effort has been made to contact us and we are not
available, we further consent to medical, and hospital care, treatment and
procedures, when deemed immediately necessary or advisable by a physician to
safeguard our child's health, to be performed for our child by our child's regular
physician or when that physician cannot be reached, by a licensed physician
and/or hospital, and we waive the right of consent to such treatment.

We also give permission for my child to be transported by ambulance or aid car
to an emergency medical care center for treatment.

EMERGENCY INFORMATION

Name of Child's Physician

Address

Phone

Date of last physical exam: _____

Drug and food allergies: _____

Medication taken regularly & reason for medication: _____

Chronic diseases/other health concerns:

Medical Insurance: _____

Group #: _____ Membership # _____

Employer: _____

Additional Notes: _____

Signature of Parents or Legal Guardian

Date

Signature of Parents or Legal Guardian

Date