



★ Baby & Toddler Centre ★ Nursery School ★ Grade R

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EMERGENCY MEDICAL CONSENT FORM

Consent for Medical/Surgical Care/Emergency Treatment and Child's Medical Information

Tic Toc Nursery School has my permission to obtain emergency medical treatment for my child, _____ (name of child) when I/we cannot be reached or if a delay in reaching my child would be dangerous for him/her. I do hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I/We hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition. I/We acknowledge that I/we are responsible for all reasonable charges in connection with care and treatment rendered during this period.

Father/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

Mother/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

Medical Aid: _____ Medical aid number: _____

Family Doctor: _____ Doctor Contact Details: _____

Child's allergies, if any: _____

Date of last tetanus booster: _____

Medicines child is taking: _____

I HAVE READ THIS FORM AND CERTIFY THAT I UNDERSTAND ITS CONTENTS

Father/ Guardian's Full Name: _____

Signature: _____ Date: _____

Mother/ Guardian's Full Name: _____

Signature: _____ Date: _____