



## View Royal Out of School Care Society

### CONSENT FORM

It is the policy of View Royal Out of School Care Society to notify a parent when a child is ill or needs medical attention. In the event that that we cannot contact parents and we need to seek immediate help for the child, the staff of View Royal Out of School Care Society to take take the child to the nearest emergency service.

I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre to receive medical treatment.

I hereby give my consent for a View Royal Out of School Care Society staff member to call a medical practioner or ambulance for my child in the event of an accident or illness. Any expenses incurred in such an event are solely my responsibility

Attach Current Photo of your child

Printed name of Legal Parent/Guardian

Signature of Legal Parent/Guardian

Date of Signature

Witness signature

Printed name of Witness



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