



## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

102 CMR 7.09(3)

I authorize staff in the school age child care program who are trained in the basics of first aid and CPR to give my child, \_\_\_\_\_, first aid and CPR when appropriate.

Signature \_\_\_\_\_ Effective Date: 9/14/2021

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I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and for the child to receive emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to life threatening allergens in the event that the I can not be reached and when delay would be dangerous to the health of the child.

Signature \_\_\_\_\_ Effective Date: 9/14/2021