



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

## A Child's Place

# Consent and Contact Form

This form is to be completed and signed by the child's parent or legal guardian.

**Name of Child** \_\_\_\_\_

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

**Parent's (legal guardian's) name** \_\_\_\_\_

**Telephone, Work** \_\_\_\_\_

**Telephone, Home** \_\_\_\_\_

**Telephone, Cell** \_\_\_\_\_

**Parent's (legal guardian's) name** \_\_\_\_\_

**Telephone, Work** \_\_\_\_\_

**Telephone, Home** \_\_\_\_\_

**Telephone, Cell** \_\_\_\_\_

In the event that I or the others listed above are not available, I give permission for the staff to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging transportation to the nearest emergency medical facility.

At no time will a staff person drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_