

**Consent slip**

**Bumblebees-R-Us**  
**Child Care Center**  
**2734 Victory Blvd.**  
**Staten Island, NY 10314**  
**Tel: 718.494.4448 Fax: 718.494.1827**

---

I hereby give my consent to have my child participate in all activities of the school and/or camp. I also give my permission to have my child taken to and from the various trip areas visited by the school by means of school transportation.

I also realize that the Bumblebees-R-Us child care provider and/or camp will NOT be responsible for any minor injuries that could occur during the normal school day (e.g. scratched knee, cuts, bruises, bites, etc.).

I have read the above and agree to give my consent.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature of Legal guardian/Parent \_\_\_\_\_

***AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT***

In case of any emergency the Bumblebees-R-Us child care provider and /or camp shall attempt to notify either parent or emergency number given to the school. If for any reason none of these parties are available I authorize Bumblebees-R-Us to use their own pediatrician or hospital or emergency center. I hereby grant permission to have any emergency treatment performed by aforementioned medical personnel.

Emergency name: \_\_\_\_\_ Telephone # \_\_\_\_\_

I have read the above and agree to give my consent

Signature of either parent or legal guardian: \_\_\_\_\_

**EMERGENCY TRANSPORTATION CONSENT FORM**

**To be completed by Parent or Guardian**

I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I (or my spouse or a responsible adult designated by me) may be reached daily if the numbers below do not apply for that day.

In case of a medical emergency while my child is attending Bumblebees-r-Us child care providers I understand that the following procedure will be followed:

- 1- The center will contact parent(s)/guardian(s)

Mother can be reached at Phone # \_\_\_\_\_ or \_\_\_\_\_

Father can be reached at Phone# \_\_\_\_\_ or \_\_\_\_\_

Guardian can be reached at Phone # \_\_\_\_\_ or \_\_\_\_\_

- 2- If parent or guardian is not available, the center will contact these emergency persons:

Name \_\_\_\_\_ can be reached at \_\_\_\_\_

Name \_\_\_\_\_ can be reached at \_\_\_\_\_

Name \_\_\_\_\_ can be reached at \_\_\_\_\_

- 3- The center will arrange for emergency transportation to the nearest emergency medical facility, if necessary, my child will be transported by an ambulance or other such vehicle when necessary.

- 4- The center will also contact my child's physician, \_\_\_\_\_  
who can be reached at \_\_\_\_\_

I hereby authorize the center to follow this procedure.

Parent (Guardian)'s signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_

**EMERGENCY TREATMENT CONSENT FORM**

To be completed by Parent or legal Guardian

In the event of a medical emergency while my child \_\_\_\_\_

Is attending Bumblebees-r-Us childcare, I \_\_\_\_\_  
*Name(s) of parent(s)/guardian*

Give permission to Bumblebees-r-Us childcare providers to arrange for emergency treatment necessary to preserve the health of my child until such time when I/We can be present.

I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition.

I acknowledge responsibility for all reasonable charges in connection with care and treatment given during this period.

Name \_\_\_\_\_ Pediatrician \_\_\_\_\_

Address \_\_\_\_\_ Phone no. \_\_\_\_\_

\_\_\_\_\_ Family physician \_\_\_\_\_

Telephone no(s) Home \_\_\_\_\_ Phone no. \_\_\_\_\_

Work \_\_\_\_\_ Child's allergies, if any \_\_\_\_\_

Name of Health Insurance Carrier \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

Group # \_\_\_\_\_ Medicines child is taking \_\_\_\_\_

Agreement no. \_\_\_\_\_

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

*Parent (Guardian)*

Witness \_\_\_\_\_ Date \_\_\_\_\_

**IN CASE OF EMERGENCY I CAN BE REACHED AT \_\_\_\_\_**

\_\_\_\_\_