



## Authorization and consent form

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 Early Childhood School of Georgetown staff to transport my child to the \_\_\_\_\_ Hospital (or nearest hospital) and to secure the necessary medical treatment for my child. I understand that the staff members of ECSG are trained in the basics of First Aid and CPR and I authorize them to give my child First Aid and/or CPR, when appropriate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_