

**Kirkland Children's School**

5311 108<sup>th</sup> Ave NE  
Kirkland, WA 98033  
**425-822-5664**

**CONSENT FOR MEDICAL CARE  
AND TREATMENT OF CHILDREN**

I hereby give permission that my child, \_\_\_\_\_, be given emergency treatment to include first aid and CPR by a qualified day care staff member at Kirkland Children's School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and when I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Phone #

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Dentist's Phone #

**FIELD TRIP/OFF PREMISES ACTIVITY AUTHORIZATION**

I hereby consent and authorize my child, \_\_\_\_\_, be allowed to participate in field trips.

In addition, by signing this authorization, the parent or legal guardian is representing this child is physically capable of participating on field trips.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian