

# Planet Kids Emergency Consent Form

I hereby give my consent and authorization for Planet Kids to take whatever emergency medical steps deemed necessary, in the event of a medical emergency, sudden illness or accident, for the care and protection of my child, whether it be to:

1. Administer first aid.
2. Call 911 (if emergency room medical treatment is necessary)
3. Attempt to contact parents.
4. Attempt to contact child's physician.

It is understood that all expenses incurred by this service, not covered by insurance, are my responsibility and are not, in any way, the responsibility of Planet Kids.

In all cases every effort will be made to contact the parents or person designated by the parent. This consent shall remain in effect during my child's enrollment.

I give authorization to any hospital or doctor to render immediate emergency aid as might be required at the time for my child's health and safety. I give permission for any treatment including first aid, x-rays, anesthetics, surgery and/or hospitalization.

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

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

