Children's Learning Center
at Morningside Heights

90 La Salle Street
New York, NY 10027
(212) 663-9318
www.clcnyc.com

Medical Consent

Name of Child _____

Address _____

Birth Date _____

I, _____, hereby give my consent to have my child

taken to an emergency room (as determined by EMS) and to have medical professionals administer the necessary medical treatment and/or have the necessary X-rays taken that he or she may need in case of an emergency.

CLC personnel have permission to make medical decisions on my child's behalf until I arrive. CLC personnel will accompany my child to the hospital and remain there until I arrive.

My child has the following allergies and/or medical needs:

_____

_____

My child has no allergies/ medical needs of which I am aware at this time. _____

Name (print) _____

Signature _____

Date _____