

Consent to medical care and treatment of minor children				
I give permission that my child, _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at: Name of Licensee: _____ Address of Licensee: _____				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Parent/guardian signature</td> <td style="width: 15%; padding: 5px;">Date</td> <td style="width: 33%; padding: 5px;">Parent/guardian signature</td> <td style="width: 15%; padding: 5px;">Date</td> </tr> </table>	Parent/guardian signature	Date	Parent/guardian signature	Date
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When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. 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 under penalty of perjury under the laws of the State of Washington that this information is true and correct.				
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