CONSENT FOR EMERGENCY MEDICAL TREATMENT-Child Care Centers Or Family Child Care Homes

	AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO		
		AIN ALL EMERGENCY MEDICAL OR DENTAL CARE	
	PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR		
	THIS CARE MAY BE GIVEN UNDER WHATEVER		
	CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.		
CHILD	LD HAS THE FOLLOWING MEDICATION ALLERGIES:		
	DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
HOME AD	ADDRESS		
HOME PH	PHONE WORK P	HONE	
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LIC 627 (E	27 (ENG/SP) (5/01) (CONFIDENTIAL)		
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STATE OF	OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
COMMUNITY CARE LICENSING			
			Chil
	AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO		
	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE		
	PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR		
	THIS CARE MAY BE GIVEN UNDER WHATEVER		
	NAME CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.		
CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:			
	DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
HOME AD	ADDRESS		
HOME PH	PHONE WORK P	HONE	
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