

CHILD CARE REGISTRATION & MEDICAL CONSENT FORM

First & Last Name(s) of Child(ren)	Age	Allergies – Medical Needs or Special Care Needs

Parent/Guardian's Info

Home Address: _____

Contact #: _____

Alternate Contact Name: _____ Contact #: _____

Signature of Parent/Guardian: _____

Medical Consent Form

Upon admission of my child to the OPSEU Childcare Program, I agree that in the event of an emergency when I cannot be reached, I authorize the administration of any medical procedures deemed necessary by a doctor or hospital selected.

Name of Doctor: _____ Contact #: _____

*Child's OHIP # (required): _____

Signature of Parent/Guardian: _____