

**Footsteps to the Future Child Development Center
West Sound Technical Skills Center
101 National Ave North
Bremerton WA 98312**

**Child Development Center Director: Lynda Griffin - (360)473-0588
Skills Center Director: Kathrin Carr - (360)473-0552**

Consent to Medical Care and Treatment of Minor Children

I _____ (the parent or legal guardian) hereby give permission that my child, _____, may be given emergency treatment to include First-Aid and CPR by a qualified day care staff member at West Sound Tech's Footsteps to the Future Child Care Center. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. If I cannot be contacted, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature (Parent or Legal Guardian)

Date