

ROOT'D RESIDENTIAL – CONSENT FORM

Child's Name _____

EMERGENCY CONTACTS

Daytime contact number _____

Evening contact number _____

HEALTH AND SAFETY

My child is taking the following medication: _____

which needs to administered _____

My child has allergies to the following foods:

If my child should behave inappropriately, I agree to fetch her/him from Root'd myself

Any other information we need to know:

I give consent for my child being given first aid or medication as deemed necessary by the team members

Signed.....Date.....