

**MALLOW DAY CARE CENTRE LTD.**  
**235 The Donway East**  
**North York, Ontario M3B 2Y8**  
**Tel: (416) 446-1726**

**MEDICAL RELEASE FORMS**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ontario Health Card No: \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event of an accident or other medical emergency, and I cannot be reached, I hereby give my permission for the staff of Mallow Day Care Centre to obtain immediate qualified medical help for child. I also accept responsibility for any expenses incurred. I hereby release the Day Care Staff of any liability with respect to actions they may take in carrying out the necessary assistance. It is understood that every effort will be made to contact me immediately.

Parent/Guardian's Signature: 1) \_\_\_\_\_

2) \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_