The Butterfly Effect Project

1018 Northville Turnpike
Riverhead, NY 11901
631-591-0759 Office
631-830-4446 Fax
contact@bepgirls.org
bepgirls.org

EMERGENCY MEDICAL CONSENT FORM

_____has my permission to obtain emergency medical treatment for my child _____ when I cannot be reached or if a delay in reaching would be dangerous for my child.

Parent/Guardian's Name _____

Home Phone _____ Cell Phone _____

Insurance Provider _____

My child is taking the following medications: _____

_____

My child has the following allergies: _____

_____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in the program.

_____ _____

Signature of Parent or Guardian Date