

**Consent for Emergency Care:**

I/WE \_\_\_\_\_ Mother, Father, Guardian (circle which applies) of (child's name) \_\_\_\_\_ do hereby request and give consent to "BOYS AND GIRLS CLUB OF BENTON COUNTY" (BGCBC) Director, or the duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or the duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

**Emergency Medical Treatment Center preferred** \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_



### Sunscreen Permission Form

Child's Name: \_\_\_\_\_ Program Site: \_\_\_\_\_

\_\_\_\_\_ I give permission for BGCBC staff to apply sunscreen to my child as needed throughout the school day. I understand that I must supply the sunscreen and label it with my child's name.

\_\_\_\_\_ I do not give permission for BGCBC staff to apply sunscreen to my child.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



### Insect Repellent Permission Form

Child's Name: \_\_\_\_\_ Program Site: \_\_\_\_\_

\_\_\_\_\_ I give permission for BGCBC staff to apply insect repellent to my child as needed throughout the school day. I understand that I must supply the insect repellent and label it with my child's name.

\_\_\_\_\_ I do not give permission for BGCBC staff to apply insect repellent to my child.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_