

CHILD'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ CHILD CARE YES NO
CHILD CARE PROVIDER _____ PHONE NUMBER _____
RESTRAINING ORDER ON FILE: YES NO

PARENT/GUARDIAN CONTACT INFORMATION

FATHER/GUARDIAN _____ HOME PHONE _____ CELL _____
PLACE OF WORK _____ WORKPHONE _____

MOTHER/GUARDIAN _____ HOME PHONE _____ CELL _____
PLACE OF WORK _____ WORKPHONE _____

EMERGENCY CONTACT INFORMATION (please list at least one contact)

NAME _____ RELATIONSHIP _____ PHONE _____
NAME _____ RELATIONSHIP _____ PHONE _____

EMERGENCY MEDICAL TREATMENT AND INSURANCE AUTHORIZATION

As the parent/guardian of the above named student, my signature on this form authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of an accident, illness or injury.

Does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or medical facility?

YES NO

ALLERGIES YES NO **TYPE OF ALLERGY/REACTION** _____

ANY SPECIFIC INSTRUCTIONS NECESSARY FOR TREATMENT _____

SPECIAL HEALTH/HANDICAP PROBLEMS _____

Medical Home/Doctor: _____ **Dental Home/Dentist:** _____

Preferred Hospital: Trios Kadlec Lourdes

I GIVE PERMISSION FOR MY CHILD TO

1. Be transferred in district vehicles and staff vehicles for ECEAP activities YES NO
2. Receive first aid treatment of minor injuries by ECEAP staff YES NO
3. Receive emergency medical treatment, including surgery from physicians, dentists, R.N.s, or other workers; including transportation YES NO
4. Have copies of health summary and immunization records sent to the School District where child will be attending next year according to district policy YES NO

I GIVE ECEAP STAFF PERMISSION TO

5. Take my child's picture to be used in classroom activities (i.e. picture by coat hooks) YES NO
6. Take my child's picture/video or use children's artwork, quotations and information for ECEAP publicity and for information sharing (i.e. parent meetings, workshops) without restrictions unless listed below. I waive any claim to payment of any sort for the use of pictures/videos. YES NO

SIGNATURE _____

DATE _____