

PARENTAL EMERGENCY MEDICAL CONSENT
This form must be presented upon admission for treatment.

Child's Full Name _____

Date of Birth _____

This form allows parents and guardians to authorize the provision of emergency treatment for above named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____ (phone number) or _____ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____ (physician) at _____ (phone number) or Doctor _____ (dentist) at _____ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital).

1. Parents/Guardians/Custodians with Whom the Child Resides:

• Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Department _____
Work Phone _____	Work Hours _____

• Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Department _____
Work Phone _____	Work Hours _____

2. Persons to Contact In Case of Emergency if Parents Are Unavailable, and are Authorized to Pick Up Child:

• Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Department _____
Work Phone _____	Work Hours _____

• Name _____	Relationship to Child _____
Address _____	Home Phone _____ Cell Phone _____
Employer _____	Department _____
Work Phone _____	Work Hours _____

3. Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

- Name _____
- Name _____

4. Information:

Physician name _____	Dentist name _____
Street address _____	Street address _____
City, State _____	City, State _____
Phone # _____	Phone # _____

Date of Last Tetanus _____ Known Allergies _____

Present Medication _____

Insurance Company _____ Policy Holder's I.D. _____

This consent will be in effect for one year beginning (date) _____.

Signature Parent/Guardian _____ Date _____ Signature Parent/Guardian _____ Date _____

PICK-UP PERMISSION FORM

CHILD'S FULL NAME: _____

I hereby give permission for my child to leave the center with the following persons named below. If the person is not a Parent/Guardian that picks up my child on a daily basis, I will notify the center whom to expect.

<u>NAME</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION AND ACTIVITY AUTHORIZATION

I do / do not (circle one) give authorization for North Scott Child Care Center to transport my child _____ to leave the child care in a car or bus, to/from school, special places, walks, field trips, or in the event of an emergency. Each child will be secured in a seat belt for any field trip/activity, other than on a school bus or in the event of an emergency. I understand that I will be notified before each such field trip/activity.

PICTURE RELEASE

I hereby do / do not (circle one) give my consent to let my child be photographed for use by the center in newspapers or other media, for the purpose of publicity or advertisement.

I give permission for my child to be cared for at North Scott Child Care Center.

Name: _____

Birth date: _____

Ethnic/Racial Identity of Child (Indicate by a check) Answering this question is voluntary					
White	Hispanic or Latino	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander

My infant/child's usual times of attendance will be:

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: Arriving at _____ Leaving at _____

Arriving at _____ Leaving at _____

My infant/child's anticipated meal participation will be:

Breakfast AM Snack Lunch PM Snack

*This consent will be in effect for one year beginning (date) _____. It is the responsibility of the Parents/Guardians to notify the center, in writing, of any changes.

Signature of Parent/Guardian

Date