



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

Child's Full Name _____ Date of Birth _____
In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to **medical and/or surgical treatment** to the _____ Hospital and Doctor _____ or his/her designee to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for **dental and/or dental surgical care** to _____ Hospital and Doctor _____ or his/her designee to provide this care. I agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

1. Parents/Guardians/Custodians with whom the child resides.

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Work Phone _____
Cell Phone _____ Email Address _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Work Phone _____
Cell Phone _____ Email Address _____

2. Persons to contact in case of emergency if parents are unavailable and who are authorized to pick up the child.

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Work Phone _____
Cell Phone _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Work Phone _____
Cell Phone _____

3. Are there 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 _____ Relationship to Child _____
Name _____ Relationship to Child _____

4. Child's Information

Child's Doctor _____ Phone # _____ Address _____

Child's or Family Dentist _____ Phone # _____ Address _____

Date of Last Tetanus _____ Known Allergies _____

Present Medications _____ Religious Preference (Optional) _____

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

This consent will be in effect for one year and continue while the child is enrolled in this facility.

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

5. Names of additional person authorized to pick up the child.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

6. Alternate address

Correspondence will be sent to the first parent/guardian on the opposite page unless noted here.

7. Travel and activity authorization

I ___do / ___ do not give permission for my child to Five Seasons Learning Center for trips in a car or on public transportation to special places, etc. I understand that I will be notified before each such field trip. In the case of public transportation, no seat belts are available. Only children 3 years and older will take field trips. One additional staff always accompanies each group, and the staff have a cell phone and first aid kit along with emergency phone numbers for each child.

I ___do / ___do not give permission for my child to leave Five Seasons Learning Center for walks around the neighborhood. I understand that I will not be notified before each walk.

8. Photo Release

I ___do / ___ do not give my consent to let my child be photographed for use by Five Seasons Learning Center in newspapers or other media for the purpose of publicity or advertisements.

9. Sunscreen, ointments and/or insect repellent containing DEET

I ___do / ___do not give Five Seasons Learning Center permission to use sunscreen, first aid antiseptic ointment, or insect repellent on my child.

___ My child is allowed to apply sunscreen by him/her self.

___The staff must apply sunscreen on my child.

DHS guidelines require each child to have his/her own bottle of sunscreen/insect repellent. Please be sure to label the bottles with your child's name.

10. Swimming (School Age Only)

___ My child needs to be in the shallow end of the pool (0-3').

___My child may swim in the 3'-5' (3'-6" at Cherry Hill) area of the pool. (I understand that the children are not allowed to swim in the deep end of the pool or dive off the diving board.)

___My child is allowed to use the water slide in the pool.

___My child is NOT allowed to use the water slide in the pool.

11. Allergies

___ My child has allergies that are listed on the intake form. I give permission for staff to post this information as a visual reminder to all staff.

Signature of Parent/Guardian

Date