

Enrollment Registration Information

Child's Name: _____
Date of Birth: _____
Emergency Contact (name and phone number): _____

MEDICAL INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family's physician?
Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number _____
Address: _____ City: _____
State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardians (s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the state of _____.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____
Dentist Name: _____ Practice/Clinic Name: _____
Address: _____ Phone: _____
Health Insurance Provider and Policy Number: _____
Last Tetanus/Diphtheria Booster: _____
Allergies to drugs, foods, or other: _____
Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____

Appeared before me and produced _____ as identification. Date: _____

Director Signature: _____ Print Name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the daycare and listed in the family handbook.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The daycare may plan carefully-arranged, supervised special trips for the children away from the daycare that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the daycare permission to take my child on these field trips.

Parent/Guardian Signature: _____

PARENT/GUARDIANS OF CHILDREN 4 YEARS OLD AND OLDER ONLY

I give the daycare permission to transport my child for the purposes which require bus transportation to/from his/her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____

Name of Child _____

Date: _____