

Medical Information and Authorizations

Please read all information below and initial. Please also fill out information on the back.

1. Immunizations: Please include a copy of your child's immunizations within one week of enrollment. Please bring immunizations as they are updated. Initial _____
2. Incidence Reporting: If children get hurt or fall ill while in school, we will do what we can to help the child. We have a first aid kit on hand, as well as emergency contacts and other emergency numbers. Both teachers are CPR and First Aid certified. We will not give your child any medication without a doctor's written permission. ALL incidents will be updated on Daily Connect. If your child has a minor scrape or bruise, you will be notified upon pick up. If the wound is larger or may pose a threat, you will be contacted immediately. If the child is in need of emergency care, we will first call 911, then you or your emergency contact. If a child is in need of ointment, cough drop, inhaler, etc. and does not have written permission, you may come by to administer the item, or to leave a note. Children who seem ill will have their temperature taken, if high or showing other signs of illness, will be removed from the other children. You will be called to pick the child up and he or she may not be able to return until your doctor has signed a note stating that the child is no longer contagious. This is for the safety of the other children as well as the providers. Initial _____
3. Sick Child Admittance: Children will not be admitted if they have had a fever or diarrhea in the last 24 hours. Children on antibiotics must wait 24 hours after antibiotics are started before returning. Children may need a note from a doctor before returning to school. If a child is given medication to mask symptoms, and sent to school, you will be required to pick up and your child will be asked to stay home for 48 hours without symptoms medication free before returning. Families intentionally sending children sick will be terminated. No child will be admitted if showing signs of fever, diarrhea, pinkeye, flu, or other contagious illnesses. Initial _____
4. Medication Administration: We prefer medications be given before/after school, but if emergency medications can be given with a written permission from you and your physician. All medications must be sent in original packaging, accompanied with a signed note from you AND your physician with date, dose, child's name, and name of medication. Initial _____
5. Topical Preventative Products: Sunscreen is required to be put on before school every day, and will only be re-applied at school as needed. I _____ do / do not give permission for items such as ChapStick, antibacterial ointment, anti-itch ointment, wound cleaning items etc. to be applied as needed. Initial _____

6. Medical History: Please include any important medical information, such as allergies, asthma, eczema, etc.

7.

Parent/Emergency information:

Mother _____ Birthdate _____ Father _____ Birthdate _____
Mother's phone: () Father's Phone ()

Emergency Contact: Name: _____ Phone Number ()

Emergency Contact: Name: _____ Phone Number ()

Hospital Name: Address: Phone Number ()

Physician Name: Address: Phone Number ()

Dentist Name: Address: Phone Number ()

By signing below, I agree that I have read and understand all information on this sheet. Please ask questions if there is anything you do not understand.

Child's Full Name: _____ Birthdate: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____