

A Child's Delight Learning Center

Health and Emergency Release Form

Child's Name _____ Date of Birth _____

Parents Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

Date of Child's last physical _____ Health Provider _____

Health Providers Address _____ Phone Number _____

Special Health Concerns _____

(Please include any information that would help us be informed about your child's health concerns)

Allergies, including drug reactions _____

Regular Medications _____ Other Pertinent Information _____

Insurance Name _____ Policy Number _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child _____ may be given emergency treatment by a qualified childcare provider at A Child's Delight Learning Center located at 8551 Dickey PI NW, Silverdale, WA. When I cannot be contacted I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, healthcare provider, hospital or paramedic when deemed necessary or advisable by the physician or paramedic to safeguard by child's health. I waive my right of informed consent to such emergency treatment.

I also give my permission for my child to be transported by ambulance or aid car to an Emergency Center for treatment.

I understand that all costs will be my responsibility.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

8/04