

Roxbury Day Care Center, Inc.  
Before and After School Program

**EMERGENCY MEDICAL PERMISSION FORM**

**Child's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

**Is your child under any medical/physical restrictions?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check all that apply:

Asthma \_\_\_\_\_ Hearing Loss \_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_

Other: \_\_\_\_\_

**Does your child have any allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list specific allergies (Medicine/Food/Insects/etc.):

\_\_\_\_\_

**Please identify any medicine(s) your child is taking:**

\_\_\_\_\_

**Has your child been under a doctor's care or hospitalized within the last year?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

\_\_\_\_\_

**Child's Doctor:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**Child's Insurance:**

Company/HMO \_\_\_\_\_

Group Number \_\_\_\_\_ Identification # \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I hereby grant permission for said minor to be released to the custody of the representative of the Roxbury Day Care Center, Inc., should hospital care no longer be required.

**The following procedures will be followed in an emergency:**

1. The parent/guardian will be contacted immediately. If the parent/guardian is unreachable we will attempt to contact the parent/guardian through all of the emergency persons listed on the child's application/emergency form.
2. The child's physician will be contacted.
3. If we cannot contact the child's parent/guardian or physician, we will do any or all of the following:
  - a. Call for emergency first aid assistance/transportation (911).
  - b. Call another physician.
  - c. Have the child transported to an emergency hospital in the company of a staff member.
4. The Center will not be responsible for complications that may occur as a result of false information given by the parent/guardian at the time of enrollment.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**I have received the Information to Parents document , and our Parent Handbook.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_