

Emergency Medical Authorization

Should _____, _____ suffer an injury or illness while
Child's Name *Date of Birth*

the care of The Learning Treehouse and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. there I (we) can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name *Telephone Number*

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies: _____

Signature *Date*

Parental Agreement with Child Care Facility

The Learning Treehouse agrees to provide day care for _____ on Monday through
Child's Name

Friday 6:30a.m. To 6:00 p.m. from August to August. My child will participate in the following meal plan:

Breakfast
Lunch
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Learning Treehouse agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for The Learning Treehouse.

Parent/Guardian Signature

Date

Facility Administrator Signature

Date

Permission to Photograph and Film

I give The Learning Treehouse permission to photograph, film, videotape, and/or audio record my child. I understand that said visual or audio recordings may be used by television stations, radio stations, print media, and/or The Learning Treehouse itself in any of the various publications, displays, and/or exhibits.

Child's Name

Signature

Date

Authorization to Dispense External Preparations

590-1-1-20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellant

_____ Non-Prescription ointment (such as A&D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date