

Medical Information & Permissions

Name, address, and telephone number of child's physician:

Name, address, and telephone number of family dentist:

Known Allergies:

Known Medical Problems:

Any Special Needs:

Date of last Tetanus Shot: _____

Please list here or on an attached sheet of paper any significant factors concerning the child's health, emotions, or living situation that might influence the child's adjustment to this child care facility or that might be important to know when providing a nurturing and supportive environment for him or her.

I hereby give my consent, in the event of a medical emergency when I can not be contacted, for child care personnel to obtain whatever treatment may be deemed necessary for _____ (name of child), born _____ .

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department.

(signature of parent or guardian)

(signature of witness/care provider)

Date: _____