

MEDICAL INFORMATION:

Child's Name _____ SS # _____
Physician: _____ Phone # _____
Dentist: _____ Phone # _____
Hospital: _____ Phone # _____
Insurance Provider: _____
Policy # _____ Phone # _____
Does this child have physical or emotional problems which require special medication? _____
If yes, please give a brief explanation: _____
Known Allergies: _____
Communicable diseases your child has already had: _____
List below any additional information about your child such as throat/ear problems, fevers, nervousness, temper tantrums: _____

CONSENT FOR MEDICAL TREATMENT

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps:

- 1. Contact a parent or legal guardian of the student and follow his or her instructions.
- 2. In the event of an emergency when a parent or guardian cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done either by school provided transportation, or, if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the MDO Director or his/her designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the MDO Director or his/her representative, Valleydale Church, and the Mother's Day Out staff from any liability which might arise as the result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child or children as the result of the above authorization and agree to indemnify and hold harmless Valleydale Church, the Mother's Day out staff, the Director, and his/her representative, from any expenses incurred for said treatment or services.

AFFIDAVIT

I understand that Noah's Nook/Mother's Day Out of Valleydale Church has filed notice and is exempt under law from regulation by The Department of Human Resources.

Parent Signature (for all of the above) _____ Date _____
Legal Guardian's Signature _____ Date _____
Noah's Nook Director Signature _____