

Parent's Day Out Student Medical Form

Name of Child _____

Provide the following:

Allergies _____

Existing Illness _____

Previous Serious Illness _____

Injuries/Previous Injuries _____

Hospitalization during the last 12 months _____

Any medications prescribed for continuous, long term use: _____

I will notify Creekside Parent's Day Out of any and all changes of the above information.

IN CASE OF EMERGENCY:

Physician's Name _____ Phone _____

Address _____ City _____ Zip Code _____

Insurance Company _____

Group Policy Number _____ Member Number _____

If the above information or the health of my child changes and I fail to document this information, I hereby waive and release any and all rights and claims for damages that may occur or have against Creekside Parent's Day Out/Creekside Church of Christ or their instructors or authorized representatives for any injury or illness incurred while my child is in their care.

_____ Date _____

Signature of Parent or Guardian

In the event of an emergency, I authorize Creekside Parent's Day Out to obtain emergency medical care and to transport my child for emergency medical treatment at the nearest available emergency care facility. I also give my consent for all medical care prescribed by a licensed physician under whatever condition necessary to preserve the life of my child. It is understood that Creekside Parent's Day Out/Creekside Church of Christ and all its representatives will not assume any financial responsibility or any expense that might be incurred during any emergency treatment for my child.

_____ Date _____

Signature of Parent or Guardian

Attach an updated copy of your child's current Immunization Records and a Health Statement signed by a physician. All forms should be turned into the office one week prior to the start of school.