

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize _____ PROVIDER

(Please list name & phone # of doctor, hospital or both)

To Contact Doctor/Clinic:

NAME	TELEPHONE ()
------	---------------------

ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL

For Emergency Medical Treatment Of My Child, My Preferred Hospital Is:

NAME	TELEPHONE ()
------	---------------------

ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL

TRIP AND ACTIVITY PERMISSION

I do do not give consent for my child to take part in field trips or excursions with this child care facility under proper supervision.

I understand I will be notified when such trips are planned and that I must give written permission for each field trip or excursion.

I do do not give permission for the facility to transport my child to and from school.

NAME OF SCHOOL	ADDRESS
----------------	---------

AGREEMENTS

- a) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior etc.
- b) When my child is ill, it is understood and agreed that s/he may not be accepted for care.
- c) I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- d) I have been informed that a copy of the Licensing Rules for Family Child Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Care Centers in Missouri is available at this facility for review.

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
---------------------------------	------

HEALTH REPORT FOR SCHOOL-AGE CHILD

CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS:

ANY SPECIAL MEDICATIONS AND/OR RESTRICTIONS:

THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILD IN DAY CARE.	PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
---	------------------------------------	------