

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please List Allergies, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Helpful Information about Child:

\_\_\_\_\_  
\_\_\_\_\_

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

"Permission is hereby given to use my child's picture in school brochures or other promotional publications."

"I hereby give my permission for \_\_\_\_\_ to receive medical treatment in case of accident or injury while at Elfers Christian Preschool, a ministry of the First Baptist Church of Elfers, or while traveling to or from an activity with Elfers Christian Preschool. I further release Elfers Christian Preschool, any and all employees, or other persons involved with the group, from any liability in regards to such an accident or injury."

"I certify the information in this application is accurate and true to the best of my knowledge and I have received the above listed items. I hereby grant permission for the staff of this facility to have access to my child's records."

"I certify that I have received a copy of the Parent Handbook. I certify that I have read and do understand and agree to the policies therein."

Parent/Guardian Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Print: \_\_\_\_\_

Notary: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Personally Known       Presented ID