

CHILD'S NAME: _____

SPECIAL SITUATIONS FORM

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize the following people to give consent for any necessary emergency medical care for my child when my child is in Little People's School care. The following are my designated contacts in case of emergency:

Name: _____ Phone # _____

Address: _____

Name: _____ Phone # _____

Address: _____

If neither of these can be reached, I hereby give my consent to LPS to refer my child to the following physician: **Must complete address & phone.**

PHYSICIAN NAME: _____

ADDRESS: _____

City, State, Zip _____

PHONE: _____

If the physician cannot be reached, I hereby give my consent to have my child taken for treatment to the following clinic or hospital:

HOSPITAL/CLINIC NAME: _____

I hereby release LPS and members of its staff or other agents acting for LPS from responsibility in case of accident or from any other liability which might be incurred while receiving medical care or treatment authorized above.

I give LPS permission to give my child prescription medications when I bring them and according to physician's instructions. I understand that a state form must be completed and signed by the parent before any medication is given.

No oral medication of any kind will be given to my child unless the above instructions have been given and the state form is signed. The medication must be in the original container, labeled with the child's name, date, instructions, and physician's name.

I give LPS permission to apply non-prescription topical medication when deemed necessary (includes topical medications for minor abrasions or stings).

In the event of natural disasters (tornado, flashflood, etc.), I hereby give my consent to LPS to evacuate my child to areas designated by Civil Defense officials. The LPS evacuation plan includes relocating all evacuated children to the Shiloh Road Church of Christ building at 1801 Shiloh Rd, Tyler, TX 75703.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

CHILD'S NAME: _____

ALLERGY INFORMATION

Does your child have allergies, existing illness, or any medication prescribed for long-term, continuous use?

- NO
- YES – Please explain below:

If your child has a severe allergy, please include physician's diagnosis, and schedule a meeting with the LPS director to discuss modifications. Any expected modifications must be discussed before your child is enrolled. LPS will be able to modify classroom procedure to accommodate some severe allergies, but not all allergies can be accommodated.

Has your child had a previous serious illness or injury, or has your child been hospitalized during the past twelve months?

- NO
- YES – Please explain below: