

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number

FIRM FOUNDATION PICK -UP AUTHORIZATION FORM

List person(s) authorized to pick up your child(ren) from pre-school/camp. Please inform person(s) that they will be asked to show ID. **DO NOT LIST ANY ONE UNDER THE AGE OF 18 TO PICK-UP YOUR CHILD. THE CENTER WILL NOT RELEASE STUDENTS TO MINORS.** IF THE PERSON THAT YOU ASK TO PICK UP YOUR CHILD IS LATE, YOU WILL BE RESPONSIBLE FOR THE LATE FEE. (PLEASE INFORM THEM NOT TO BE RUDE IF THEY ARE LATE. WE GO BY OUR CLOCK.)

The people below have my permission to pick-up

CHILD'S NAME

PARENT(S) SIGNATURE

DATE

1. _____
NAME RELATIONSHIP TO CHILD

2. _____
NAME RELATIONSHIP TO CHILD

3. _____
NAME RELATIONSHIP TO CHILD

4. _____
NAME RELATIONSHIP TO CHILD

5. _____
NAME RELATIONSHIP TO CHILD

6. _____
NAME RELATIONSHIP TO CHILD

IF YOU HAVE MORE THAN SIX PEOPLE PLEASE WRITE THEM ON THE BACK OF THIS FORM AND/OR ATTACH ANOTHER SHEET.