

## MEDICAL CARE AND EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ (Ph) \_\_\_\_\_

Family Physician: \_\_\_\_\_ (Ph) \_\_\_\_\_

**Child's Medical History:**

Known allergies of child (medicine, food, etc.):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Describe past serious illnesses or hospitalization, with date:

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

Medications taken by child at this time:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Describe all physical conditions or illnesses which could affect the child's participation in the programs or medically diagnosed conditions which prohibit participation in normal day care activities (diabetes, epilepsy, insufficient blood coagulation, etc.):

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

### EMERGENCY MEDICAL TREATMENT CONSENT

**(Must Be Notarized)**

I hereby give Quality Time Learning Center permission to provide first aid care as deemed necessary for my child, \_\_\_\_\_, In the event I/We cannot be reached, I hereby authorize Quality Time Learning Center to transport my child to the emergency room of the hospital(s) listed below. I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which the physician deems necessary (including anesthesia). I have specified any hospital(s) below, my child may be taken to and/or the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred. Nearest Hospital: **Holy Cross** Alternate \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

of \_\_\_\_\_, County of \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ My Commission Expires: \_\_\_\_\_