

Discovery Child Development Center
2020 Summer Session Emergency Contact and Consent Form

PLEASE complete this Summer Session Emergency Contact and Consent form for Discovery Child Development Center and return it with your child's summer enrollment form.

STUDENT: _____

Age: _____ Birthday: _____ Gender: M F

Address: _____ City _____ Zip: _____

Home Phone: _____

Email: _____

Condition of Student's Health: _____

Any Health Restrictions: _____

Please list anything special about Student that School should be aware of: _____

Any Allergies or On Any Medication: _____

Bilingual? Yes No Languages spoken at home _____

PARENT(S)/GUARDIAN(S):

Name _____

Relationship to Student: _____

Work Phone _____ Cell Phone: _____

Name _____

Relationship to Student: _____

Work Phone _____ Cell Phone: _____

PICK-UP AUTHORIZATION:

Parent agrees that the following people are authorized to take Student out of School:

Name: _____ Relationship: _____ Address: _____ Phone: _____

1. _____

2. _____

PLAYGROUND: Parent gives permission for Student to use all of the playground equipment and to participate in all activities offered by School.

Playground permission _____ (initial)

CONSENT FOR EMERGENCY TREATMENT: Parent hereby gives permission that Student may be given emergency medical treatment by a qualified staff member at School. Parent also hereby gives permission for Student to be transported by emergency vehicle to the nearest hospital for medical treatment. In the event that Parent cannot be reached or located, Parent further consents to medical, surgical, and hospital care treatment and procedure to be performed by a licensed doctor or hospital when deemed immediately necessary or advisable by the doctor to safeguard Student’s health. Parent further consents to ANY medical care to be performed ON the premises of School and also authorizes ANY necessary emergency medical care to be performed by a licensed medical practitioner. If Student does become ill during school time, School will immediately call the Parent.

Parent, please fill the following out as accurately as possible.

Child’s Name	Address	Phone
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Birth Date	Allergies
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Mother’s Name/Phone	Father’s Name/Phone
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Child’s Doctor	Address	Phone
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IN CASE OF EMERGENCY CALL: (Other than Parents) Please list name, relationship to Student, and phone numbers.

1. _____

2. _____

Parent/Guardian Signature	Date
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