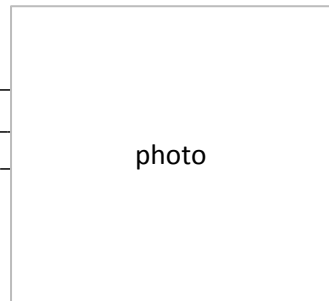


First Aid and Emergency Medical Care Authorization and Consent

Child's name _____ Date of birth _____

Address _____ Height _____ Weight _____

City _____ School _____ Grade _____



I understand that the After School Club staff are trained in the basics of first aid and CPR, and I authorize them administer basic first aid and/or CPR to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the After School Club to transport my child to the nearest medical facility or to Leahy Clinic and to secure necessary medical treatment for my child.

Child's physician's name: _____ Phone number: _____

Address: _____

N/A or ***Child's allergies that require an EPI Pen:** bees foods _____

*Must attach completed **Individual Health Care Plan (IHCP)** and **Medication Consent Form** before your child can attend.

N/A or ***Child's chronic health conditions:**

lactose intolerance (requiring meds) seizures asthma resulting from allergy to _____

diabetes other _____ exercise induced

seasonal

*Must attach completed **Individual Health Care Plan (IHCP)** and **Medication Consent Form** before your child can attend.

N/A or **Child's other allergies:** amoxicillin penicillin sulfa other _____

reaction _____ our response should be _____

N/A or **Prescription medications:** # _____ puffs of _____ every 4 hours as needed *or* 15 min. before exercise

My child takes: _____ mgs. of _____, _____ times/day, at _____ a.m./ _____ p.m. / _____ p.m.

My child takes: _____ mgs. of _____, _____ times/day, at _____ a.m./ _____ p.m. / _____ p.m.

please number **Emergency contacts & those authorized to pick up your child:** (please number the order in which you want us to call)

Parent/Guardian's name: _____ (H#) _____ (C#) _____ (W#) _____

Parent/Guardian's name: _____ (H#) _____ (C#) _____ (W#) _____

Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

I authorize the After School Club to release my child to the persons **numbered** above to act on my behalf in an **emergency** in the event that I cannot be reached. These persons will show staff proper identification before my child will be released. It is my responsibility to keep all information current.

I (or one of the designees above) will pick up my child at the After School Club on time (5:45 p.m.) at the end of the day. I agree to call ASC if someone other than the designees above will be picking up my child.

Child's health insurance coverage: _____ Policy # _____

TRANSPORTATION PLAN

On school days, my child will arrive at the After School Club by **(check one)**

(rev. 11/16/2015)

_____ School bus drop off _____ After School Club school van

_____ I will bring my child or provide my own transportation

_____ From Kennedy - School bus drop off at the Boyd Rd. bus stop & walk unaccompanied up the ASC driveway into the building

_____ From Joyce - take the school bus to Shamrock Elementary and be picked up by ASC van at Shamrock.

On vacation days,

I will provide transportation to and from ASC via one of the above designees.

valid for one year

I have read, understand and agree to the above.

Signature of parent/guardian: _____ Date: _____