

First Aid and Emergency Medical Care Authorization and Consent Form (rev.5/4/10)

Child's name _____ Date of birth _____

Address _____ Height _____ Weight _____

I understand that the After School Club staff are trained in the basics of first aid and CPR, and I authorize them to give my child first aid/CPR 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 ASC 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: _____

Child's allergies: (check boxes that apply) bees food _____ medicines _____

If allergies require an **EPI Pen** yes no please attach **IHC Plan, Medication Consent Form** and **Allergy Action Plan**

Child's chronic health conditions: asthma diabetes seizures adrenal insufficiency other _____

Please attach **Individual Health Care Plan** (IHCP) and **Medication Consent Form** for any of these conditions

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

Please list additional medications on the back of this form.

Emergency contacts - please number in order to be contacted:

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#: _____

I give permission for my child to be released to the above contacts.

Child's health insurance coverage: _____ **Policy #** _____

Signature of parent/guardian: _____ Date: _____ valid for one year