

First Aid and Emergency Medical Care Authorization and Consent Form (rev.7/12/11)

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: _____

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

Please attach 1). **IHC Plan**, 2). **Medication Consent Form** and 3). **Allergy Action Plan**

Child's chronic health conditions: N/A exercise induced asthma asthma resulting from allergy to _____

seasonal asthma - will provide inhaler only when needed lactose intolerance requiring medication

diabetes seizures adrenal insufficiency other _____

Please attach 1). **Individual Health Care Plan** (IHCP) and 2). **Medication Consent Form** for each of these conditions

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

reaction _____ our response should be _____

Prescription medications: N/A 2 puffs of albuterol every 4 hours as needed other _____

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.

Emergency contacts - please number in order to be contacted:

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

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

Do you give permission for child to be released to this person? Please circle one **Yes No**

_____ Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Do you give permission for child to be released to this person? Please circle one **Yes No**

_____ Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Do you give permission for child to be released to this person? Please circle one **Yes No**

_____ Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Do you give permission for child to be released to this person? Please circle one **Yes No**

_____ Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Do you give permission for child to be released to this person? Please circle one **Yes No**

_____ Name: _____ Relationship to child _____

Address: _____ Daytime Phone #: _____

Do you give permission for child to be released to this person? Please circle one **Yes No**

Child's health insurance coverage: _____ Policy # _____

TRANSPORTATION PLAN

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

_____ School bus drop off _____ I will bring my child or provide my own transportator

_____ After School Club school van _____ Other (describe) _____

_____ School bus drop off (Kennedy) at the Boyd Rd. bus stop & walk unaccompanied up the ASC driveway into the buildin

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

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 or below will be picking up my child.

I have read, understand and agree to the above.

Signature of parent/guardian: _____ Date: _____

valid for
one year