

## Our Lady of Guadalupe Early Learning Center (Pre-K & Preschool)

**\* A new Emergency Medical Authorization form must be completed & signed each year.**

Emergency Medical Authorization Form 2021 - 2022			Date child entered school:	Date child left school:
Child's name      Last      First      Middle		Name (Nickname) used		Birthdate
Street Address			City	Zip code
Child's parent/guardian name		Home phone # (   ) -	Cell phone # (   ) -	Alternate phone # (   ) -
Street Address			City	Zip code
Address where you can be reached while child is at school			City	Zip code
Child's parent/guardian name		Home phone # (   ) -	Cell phone # (   ) -	Alternate phone # (   ) -
Street Address			City	Zip code
Address where you can be reached while child is at school			City	Zip code
<b>Child's Health Information</b>				
Date of child's last physical exam:		Child's health care provider		Phone Number (   ) -
Street address			City	Zip code
*Special health problems? Yes or No? If yes, please specify	*List an allergies, including drug reactions. Yes or No? If yes, please specify	*Does your child have asthma? Yes or No? If yes, please specify	Does your child require an Epipen? Inhaler? If yes, please specify	
<i>*If your child has any allergies or asthma, or his or her health requires individual or special care, you must also complete an individual plan of care form with your child's doctor. Forms are available.</i>				
Regular medications? Yes or No? If yes, please specify	Does the medication need to be given at school? Yes or No? Note: Medication can only be given at school with signed permission by the doctor and parents. Forms are available.		Has your child had any problem with vision? Yes or No? Do they wear eyeglasses? Yes or No?	
Does your child have any limitations or disabilities? Yes or No? If yes, please specify	Has your child had any problems with hearing? Yes or No? Do they wear aids?	Has your child had any serious illness, operation, hospitalization or injuries? Yes or No? If yes, please specify		
Child's dentist's name			Phone Number (   ) -	
Street address			City	Zip Code

*Parents: If your child has a life-threatening illness, it is the parent/guardian's responsibility to notify the school prior to school attendance. For the safety of your child, this information will only be shared with those who have a need to know.*

### Child's Medical Insurance Coverage

Insurance Company Name		Member/Policy Number	
Policy Holder Name		Employer Name	
Insurance Company Name		Member/Policy Number	
Policy Holder Name		Employer Name	
<b>Consent to Medical Care and Treatment of minor children</b>			
<p>I give permission that my child, _____, may be given first aid/emergency treatment by the child care licensee and/or qualified staff at OLG Early Learning Center at Our Lady of Guadalupe School. (In an emergency we will always call 911 first.)</p> <p>I authorize you to call Dr. _____ Phone: _____          My choice of hospital is: _____ or: _____</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date

I give authorization for any of the following individuals to pick up my child in the event I cannot be reached (to include illness and emergency evacuations). It is imperative that someone be available at all times during the school day in case of emergencies. Please make sure numbers are kept up to date. Please list in order of preference:

Name	Address	Phone Numbers	
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -	
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -	
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -	
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -	
Parent/guardian signature	Date	Parent/guardian signature	Date