

Child's Name _____ DOB _____

Medical Information & Requirements

If I cannot be reached to make arrangements for emergency care for my child at the time of an illness or accident, I give permission for North Star Learning Center to take my child to:

Child's Physician's Name: _____ Phone # _____

Address: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term conditions and any other information which caregivers should be aware of:

- I have provided the childcare operation with a copy of my child's most current immunization record.

Physician's Statement Requirement

One of the following must be present upon enrollment to the child care operation.

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in a day care program.

Doctor's Name: _____

Physician Signature: _____ Date: _____

2. A signed and dated copy of a health care professional's statement is attached.

If your child is age 4 as of Sept. 1st, it is required by law to have a vision and hearing screening on file. This screening is done at the four year old check-up.