

KINDER CARE/AFTER SCHOOL CARE MEDICAL FORM

CHILD'S NAME: FIRST _____ LAST _____

DOB: _____ Male Female

PARENT INFORMATION: (full name please) For Mailing Purposes

Name: _____

Phone – Home: _____ Bus: _____

Address: _____ City: _____ PC: _____

Name: _____

Phone – Home: _____ Bus: _____

Address: _____ City: _____ PC: _____

Child resides with: Mother Father Both

MEDICAL INFORMATION: Care Card Number:

_____ Expiry: _____

Child's Doctor: _____ Phone: _____

Does your child have any allergies? Yes No

Medication: _____

Food: _____

Other: _____

Child's Dentist: _____ Phone: _____

In all attempts to ensure that your child has a pleasant and enjoyable Kinder Care and After School Care experience, is there any other information (medical or otherwise) that we should be aware of?

In case of accident or illness, all attempts will be made to contact the parent/guardian(s) first. In the event that we are unable to reach you, please provide the names of the individual(s) (not including person(s) listed as parent/guardian) that are authorized to pick up your child and/or be contacted in case of emergency. **Please notify the individuals you are listing.**

| NAME/CELL | H & W PHONES | RELATIONSHIP |
|-----------|--------------|--------------|
| 1 | H: | |
| C: | W: | |
| 2 | H: | |
| C: | W: | |
| 3 | H: | |
| C: | W: | |
| 4 | H: | |
| C: | W: | |

CONSENT FORM

It is the policy of the JCC Children's Programs to notify a parent/guardian when a child is ill or needs medical attention. In the event we cannot contact the parent(s)/guardian(s) and we need to get immediate help for the child, our procedure is to take the child to the nearest emergency service.

Please sign the consent form below so that we can take appropriate action on behalf of your child. We will be taking it with us to the emergency service.

I hereby give consent for my child _____, when taken ill, to be taken to the nearest emergency centre by the JCC Children's Staff.

I hereby give consent for my child _____ to receive medical treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE

WITNESS

DATE