

2013 -2014

**Cobleskill Campus Child Care Center
Medical Emergency Plan**



Child's Name _____ Home phone _____	Call this number: 1 st _____ 2 nd _____	Teachers will place photo here
Birth Date ____/____/____ Sex Male Female	Allergies No Yes Medical Condition No Yes Explain on back	E-mail Addresses _____@_____ _____@_____

Relationship	Parent/Guardian	Address	Telephone H W C
Relationship	Parent/Guardian	Address	Telephone H W C
Other Emergency	Contact Persons:	Also authorized to pick up my child:	
Relationship	Name	Telephone number during Child Care	Other Telephone #
Relationship	Name	Telephone number during Child Care	Other Telephone #
Relationship	Name	Telephone number during Child Care	Other Telephone #
Relationship	Name	Telephone number during Child Care	Other Telephone #
Relationship	Name	Telephone number during Child Care	Other Telephone #

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone
Child's Source of Dental Care/Dentist's Name:	Telephone
Name of Medical Care Facility/Hospital:	Telephone

Please finish on back.

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Child's Full Name: _____

Agreements

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. Yes No

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. Yes No

PARENTS ASSUME ALL FINANCIAL RESPONSIBILITY FOR MEDICAL CARE

I have provided information on my child's special needs (Allergies, Diet, Disabilities', and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. Yes No

I agree to review and update this information whenever a change occurs and at least once every six months. Yes No

Signature – Parent or Person(s) Legally Responsible

Date

EXPLANATION OF ALLERGIES OR MEDICAL CONDITION _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.