

Child's Name: _____ Age: _____

Name of Parents or Legal Guardians: _____

Home Phone # _____ Work Phone # _____

Address: _____

Special Emergency #'s _____

Family Doctor _____

Doctor Phone # _____

Medical Insurance for Child: _____ Policy # _____



Consent and Release Form

_____ I hereby give my consent to Sommerville Kids Klub, its instructors, employees, or any emergency Personnel to administer necessary treatment to my child (named above) in the event of an emergency and to transport him/her by ambulance if the situation warrants

_____ I hereby give my consent to Sommerville Kids Klub or its authorized agents to transport my child (named above) to and from Sommerville Kids Klub or other authorized activities.

_____ I hereby give my consent to Sommerville Kids Klub, its instructors, employees, or any emergency Personnel to administer necessary treatment to my child (named above) in the event of an emergency and to transport him/her by ambulance if the situation warrants

In signing this consent form, I hereby acknowledge and represent that I have read the foregoing, understand its terms, and sign it voluntarily. I also acknowledge that my child is in excellent physical health and is able to endure strenuous recreational activities and play, including the above named activities and others not mentioned or stated.

Parent or Legal Guardian Signature: _____ Date: _____

Illness Policy

Symptoms Requiring Removal of a Child from the Child Care

- Fever-And sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion. Fever is defined as having temperature of 100 F or higher taken under the arm, or 101 F taken orally.
- Diarrhea-runny, watery, or bloody stools.
- Vomiting-2 or more times in a 24-hour period.
- Body rash with fever.
- Sore throat with fever and swollen glands.
- Severe coughing-child gets red or blue in the face or makes high pitched whooping sound after coughing.
- Eye discharge-thick mucous or pus draining from the eye.
- Yellowish skin or eyes.
- Child is irritable, continuously crying, or requires more attention that you can provide without hurting the health and safety of other children in your care

Symptoms Requiring Removal of a Child from the Child Care

1. Immediately separate the child from the other children.
2. Contact the parents to have the child picked up.
3. Continue to observe the child for other symptoms.
4. If the child does not respond to us, or is having trouble breathing, or is having a convulsion, we will call 911.

Parent or Legal Guardian Signature: _____ Date: _____