

TRANSPORTATION: I hereby () give () do not give my consent for my child to be transported and supervised by ECM:
() On Field Trips: PK-4 / PK-5 / Kindergarten only **Please Initial**
() For Medical Emergency / Emergency Evacuation

WATER ACTIVITIES: I hereby () give () do not give my consent for my child to participate in water sprinkler activities. **Please Initial**

PHOTOGRAPHS/VIDEO TAPING: I hereby () give () do not give my consent for my child to be photographed and/or video taped for classroom / program / Gloria Dei purposes. **Please Initial**

HIPPA PRIVACY POLICY ACKNOWLEDGEMENT: I hereby () give () do not give my consent to disclose my child's health information as necessary to administrate and maintain the health and safety of the program. **Please Initial**

SPECIAL NEEDS AND MEDICAL HISTORY

1. Does your child have any medical conditions, existing illness, previous serious illness, injuries during the past 12 months or any medication prescribed for long-term continuous use? () Yes () No
If yes, please indicate what it is: _____
2. Does your child have any allergies that the faculty should be aware of? () Yes () No
If yes, please indicate what it is: _____
3. Does your child have any vision, speech, or hearing problems that you are aware of? () Yes () No
If yes, please indicate what it is: _____
4. Does your child have any special needs that the faculty should be aware of? () Yes () No
If yes, please indicate what it is: _____
5. Is there any other information that the faculty should be aware of? () Yes () No
If yes, please indicate what it is: _____

EMERGENCY INFORMATION

In case of a medical emergency while my child is attending the Gloria Dei Early Childhood Ministries, I understand that the following procedure will be followed:

1. The program will contact parent(s) at the telephone numbers listed on the registration form.
2. If neither parent is available in an emergency, the program will contact the emergency contacts listed below.
3. The program will provide first aid and take appropriate measures including contacting Emergency Medical Services.
4. The program will arrange for emergency transportation to the preferred emergency hospital listed below (or the nearest emergency medical facility, if necessary). When necessary, my child will be transported by an ambulance or other such emergency vehicle.
5. The program may contact my child's physician at the telephone number given below.

Please list persons, other than parents, to contact in case of an emergency (someone who will usually know your location).

Name _____
Relationship to Child _____
Phone Number (s) _____

Name _____
Relationship to Child _____
Phone Number (s) _____

If a medical emergency arises and a parent/guardian or persons designated above cannot be reached, I hereby authorize the ECM Faculty and/or Gloria Dei Staff to authorize permission for emergency medical treatment from my child's physician, emergency medical corps, and/or local hospital to follow the above procedure.

Child's Physician _____ Phone _____ **Please Initial**

Emergency hospital preference _____

Medical Insurance Provider _____ Insurance # _____

PARENT'S SIGNATURE _____ DATE _____

For the health and safety of your child, please keep your child's information current at ALL times.