

Lucas On Campus

Emergency Medical Treatment Authorization/Consent Form

Please fill this form out completely or it will be returned to you to finish.

This form was completed on _____

Child's Full Name _____
Birth Date _____
Child's Age _____
Child's Sex _____

I, _____ parent or guardian of the child named above give my permission to **Lucas On Campus**, child care center, to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under **Lucas On Campus's** supervision. I also authorize **Lucas On Campus** to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____
Address: _____
Phone Numbers: _____ Home: _____
Cell: _____ Work/School _____
Name of Parent or Legal Guardian: _____
Address: _____
Phone Numbers: _____ Home: _____

Cell: _____ Work/School _____

Doctor: _____
Doctor's Address: _____
Doctor's Phone: _____
Preferred Hospital to Contact: _____

Dentist: _____
Dentist's Address: _____
Dentist's Phone: _____

Present medication(s): _____

Known allergies: _____

Insurance: _____

Physical on child completed on _____

Immunization records give to center on _____

If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____

Address: _____

Phone Numbers: _____ Home: _____

Cell: _____ Work/School _____

Relationship to child _____

Name: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School _____
Relationship to child _____	
Name: _____	
Address: _____	
Home Phone Numbers: _____	Home: _____
Cell: _____	Work/School _____
Relationship to child _____	

Please circle your response and fill in the blank if applicable.

I do or do not give consent for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I do or do not give consent for my child to attend non center activities. My child will attend the following non center activities: **4-H, The Children’s Museum, UI Health , West Music, IYWP, and other partners who come on site offered by Lucas On Campus**

I do or do not give consent for sun block (must be provided by parent) to be applied to my child’s skin.

I do or do not give consent for my child’s picture to be taken.

I do or do not give consent for my child to be videotaped.

Parent/Legal Guardian’s Signature _____ Date _____

Parent/Legal Guardian’s Signature _____ Date _____