

Child's Emergency Medical Authorization

Name of Child _____ Birth date _____

Name of Parent(s) or Guardian _____

Home Address _____

Phone _____ (home) _____ (cell)

Place of Mother's Employment _____ Phone _____

Address _____

Place of Father's Employment _____ Phone _____

Address _____

The parent(s)/guardian authorizes **Cloverdale Child Care Center** to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if any emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/We will be responsible for payment of medical care expenses. _____
2. Medical treatment costs are covered by:
 - a. Blue Cross/Blue Shield Policy No. _____
 - b. Medicaid coverage No. _____
 - c. Other medical insurance:
Name of Insurance Company _____
Policy No. _____
 - d. No insurance _____

Child's Physician or Clinic attended _____

Date _____

(Signature of Parent(s)/Guardian)

This form is to be kept by Cloverdale ChildCare Center and is to be taken to the doctor or treatment facility in case of emergency.

Cloverdale Child Care Center

CONTRACT FORM

Please fill out the section below and return this form to the Center.

I, the undersigned, do hereby agree to pay the following weekly tuition fee for my child's enrollment at Cloverdale Child Care Center.

Child's Name	# of Days	Rate Per Month/Weekly
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I also agree to the attached policy statement regarding terms of payment.

Effective Date

Signature of Parent or Guardian

- Current Medications _____
- Health/Physical Problems _____
- The childcare center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up child as soon as possible if requested by the center. YES _____ NO _____
- The parent/guardian agrees to inform the center within 24 hours after the child has developed a reportable communicable disease as defined by the State Board of Health. YES _____ NO _____
- The parent/guardian gives permission for the preschool child's teacher to change the child's clothing in case of an accident. YES _____ NO _____
- The parent/guardian gives authorization to photograph the child and reproduce the child's picture in connection with any public relations on behalf of the center. YES _____ NO _____