

5. Medical Information

Name _____ Date of Birth _____

List any special needs that your child may have such as environmental allergies, food intolerances, existing illnesses, previous serious illnesses, injuries and hospitalization during the past 12 months, any medication prescribed for long-term continuous use or any other pertinent information.

(Please write NONE if these do not apply):

*Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0383 (TTY).

Does your child have a diagnosed food allergy? Yes _____ No _____ Plan submitted on: _____

6. Emergency Medical Care and Contact Persons:

A. As parent/legal guardian, I give my consent to have my child receive first aid by facility staff and, if necessary, be transported by ambulance or other emergency vehicle to receive emergency care. **Initials** _____

B. If I cannot be reached to decide for emergency medical attention, I understand that my emergency contact person will be called and has the authority to pick up my child and act on my behalf. **Initials** _____

Emergency contact person (Other than parent/guardian)

Name _____ Relationship _____ Phone/cell _____

Address _____ City _____ Zip _____

C. If neither I (parent/legal guardian) nor the emergency contact person can be reached, I give my consent for all necessary treatment to be given to my child when he/she is in the care of the below named physician/hospital/clinic. I understand that I will be responsible for all charges not covered by insurance.

Name of Physician _____

Address _____ City _____ Zip _____

Phone _____

Hospital: _____

Signature of Parent or Guardian _____

_____ Date

7. Admission Requirement: The following must be completed for your child to attend First Methodist Weekday School.

Parent's Statement: My child has been examined within the past year by a health care professional and is able to participate in the weekday school program. *Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the First Methodist Weekday School office.* **Initials** _____

I have been made aware that I must provide a current immunization record for my child and update it when my child receives new immunizations and/or annually. **Initials** _____

I have been made aware that I must provide the results for required vision and hearing exams when my child turns 4 years old. **Initials** _____

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of. I have attached a signed and dated affidavit stating this. **Initials** _____

8. Parent and Student Handbook:

First Methodist Weekday School Parent and Student Handbook contains the Weekday School’s operational procedures. This includes, but is not limited to, the following areas: Discipline and guidance; Suspension and expulsion; Emergency plans; Procedures for conducting health checks; Procedures for parents to discuss concerns with the director; Procedure for release of children; Illness and exclusion criteria; Procedures for dispensing medications; Immunization requirements for children; Procedures to visit the center without securing prior approval and to participate in center activities; meals and snacks; Safe sleep; procedures for contacting Child Care Licensing, DFPS, Child abuse Hotline and DFPS Website

I have read and received the First Methodist Weekday School Parent and Student Handbook and agree to follow the guidelines and operational policies included.

Signature of Parent or Guardian

Date

9. Field Trips

Please initial only one option:

I give consent for my child to participate in field trips. **Initials**_____

I do not give consent for my child to participate in field trips. **Initials**_____

10. Transportation

I give consent for a First Methodist Weekday School Teacher or Staff member to transport my child for emergency purposes.

Initials_____

10. Water Activities

I give consent for my child to participate in the following water activities:

____ Water table play ____Sprinkler play ____Splashing/ wading pool ____ Aquatic play equipment.

Initials_____

10. Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

11. Days and Times in Care

____Monday ____AM ____PM

____Tuesday ____AM ____PM

____Wednesday ____AM ____PM

____Thursday ____AM ____PM

____Friday ____AM ____PM

Parent/Guardian Signature

Date

Center Designee

Date