

DROP-IN CHILDCARE

CHILD HEALTH AND EMERGENCY INFORMATION

Date: _____ Date Shot Record Copied: _____

Child's Name: _____ DOB: _____

Address: _____ City: _____ ZIP: _____

Mother and Father's Name: _____

Phone Numbers: _____ Military Status: _____

Allergies: _____

Other important information: (medical, behavior patterns, etc.): _____

Person(s) responsible for drop off and/or pick up of child: please list all eligible persons

In case of emergency when a parent cannot be reached, please notify:

Name: _____ Phone: _____

Address: _____ Relationship: _____

****AUTHORIZATION FOR EMERGENCY MEDICAL CARE****

In case of an accident/illness requiring medical attention, the undersigned authorizes PEERS staff to call a physician or take the above-named child to the nearest hospital/doctor.

Doctor Preference:

Name:

Address:

Phone:

Hospital Preference:

Name:

Address:

Phone:

It is understood that if possible, the physician's services will be obtained. If neither the parents nor the doctor can be contacted, the childcare provider is authorized to contact another doctor. It is also understood that this agreement covers only those situations, which, in the best judgement of the childcare provider are true emergencies. I agree to be responsible for the cost of such emergency medical care.

Signed: _____

Date: _____

****PHOTO RELEASE****

I give PEERS Family Development Center, its nominees and agents, and assignees unlimited permission to use, publish, republish for purposes of advertising and trade and for such use as it may determine, information and reproductions of my likeness (photographic or otherwise).

Name: _____ (person photographed and/or recorded)

Address: _____ City: _____ ZIP: _____

Consent of parent or legal guardian, if above is a minor; I consent and agree, individually and as a parent or legal guardian of the minor named above, to the foregoing terms and provisions.

Print Name: _____ Relationship to child: _____

Signature: _____ Date: _____

RULES for PEERS Drop-In Childcare Program

1. **No sick children will be admitted.**
2. **Always leave a phone number where you can be reached in the event your child becomes ill or needs emergency care.**
3. Bring the following items with your child's name on each: formula, baby food, diapers and wipes, a change of clothing, and a LUNCH and DRINK.
4. Please DO NOT bring toys.
5. PROOF of immunization is required. PEERS will make a copy of your child's record to remain with the record.
6. Your child(ren) **MUST BE PICKED UP BY 1:00 P.M.**
7. A reservation is required due to limited space availability. Reservations can be made up to two weeks in advance.
8. PEERS reserve the right to refuse admittance to your child(ren) if deemed appropriate by staff members.
9. You may be called to pick-up your child(ren) early for any reason the staff deems appropriate. Staff may call for parent/guardian to pick up child early if the child has not adjusted to the center within an appropriate time frame to alleviate the child's discomfort.
10. Children may use the service only one day per week.
11. Children must arrive by 9:30 am or parents must have made previous arrangements.

I have read and understand the PEERS Drop-In Childcare rules and agree to abide by the rules. I understand that if I fail to comply with the rules, I will be restricted or dismissed for the Drop-In Childcare Program:

Signature

Date

Shot Records Updated

[illegible]