**Medical Information/Consent**

|  |  |
| --- | --- |
| Doctor’s name Doctor’s Phone # | Doctor’s address |
| Dentist name Dentist’s Phone # | Dentist’s address |
| Health Insurance name, membership #, Group # | Last physical exam date |
| Regular Medication Chronic Illness | Employer |
| Blood Type | Last Tetanus shot |

**EMERGENCY CONTACTS:** In case of emergency if I cannot be reached, contact**:**

|  |  |
| --- | --- |
| Name | Relationship  To Child |
| Address | Day phone:  Home phone: |

|  |  |
| --- | --- |
| Name | Relationship  To Child |
| Address | Day phone:  Home phone: |

**Allergies**

|  |  |  |
| --- | --- | --- |
| **Food/Drug** | **Child's Allergic Reaction** | **Appropriate Action/First Aid** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Dietary Preferences/Substitutions**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand my child may participate in curriculum walks on the Evergreen Campus as part of the curriculum.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**CONSENT TO MEDICAL CARE AND TREATMENT OF MY CHILD**

In the event that I cannot be contacted, I authorize and consent to medical and surgical, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health. I waive my right of informed consent to such treatment.

In case of emergency, if parents or the emergency contact persons cannot be reached, I authorize the Evergreen Campus Children’s Center to make arrangements for emergency medical care. I agree to pay all medical and transportation costs.

I waive and release all personnel and The Evergreen State College from any and all liability for injuries or illness while my child is participating in the Evergreen Campus Children’s Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name (print) Signature of Parent or Guardian Date