

Student information/ Medical / Release Form

Part 2 of 2

Doctor _____ Phone _____ Address _____ Exam date _____

Medical insurance carrier _____ ID# _____ Group# _____

Dentist _____ Phone _____ Address _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I, hereby give permission that my child, _____,

May be given emergency treatment by a qualified childcare provider at: **Little Steps Christian Childcare of Gig Harbor** 3008 36th Street NW Bldg. A, Gig Harbor WA 98335. When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I also certify (or declare) under penalty of perjury under the laws of the State of Washington the foregoing is true and correct.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

RELEASE INFORMATION: Other than you, who has permission to pick up your child: As the child's legal parent/guardian we authorize release of our child to the following people: **MUST BE 18 YEARS OLD OR OLDER**

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Please notify our director or staff if a designated person other than you, will be picking up your child. They must show ID.

Who does not have permission to pick up my child? And why? _____

Name: _____ Relationship: _____

PHOTO PERMISSION YES__NO__ I hereby grant Little Steps permission to use my child's likeness in photograph(s) in all of its publications and in any and all media, whether now known or hereafter existing, controlled by Little Steps Christian Childcare of GH. I will make no claim against LS for the use of photos. I understand LS will not publish or use any personal information about my child. **Trip Permission YES__NO__** Campus and offsite field trips, Little Steps Christian Childcare center conducts. For offsite field trips I understand that I will either personally drive my child or arrange other transportation to the activity for my child. **Other Permissions Yes__NO__** I give permission for my child to have sunscreen applied as needed. **Other Permissions Yes__NO__** I give permission for my child to have sunscreen applied as needed.