

## Medical Information/Consent

Doctor	Phone #	Health Insurance
Regular Medication	Chronic Illness	Membership #
Blood Type		Group #
Last Tetanus Shot	Last Physical Exam	Employer

### 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

My child may participate in curriculum walks on the Evergreen Campus	Yes	No
My child may be photographed and identified in the local media	Yes	No
My child may use public transit on field trips	Yes	No
My child may use sun screen	Yes	No

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 participating in the Evergreen Campus Children's Center.

Child's Name (print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_