

CENTRALIA COLLEGE - Children's Lab School

CONSENT TO MEDICAL CARE, TREATMENT AND TRANSPORTATION

I, _____, Custodial Parent/Guardian of _____ give the Centralia College Children's Lab School program and other qualified employees of the city of Centralia and ambulatory services authorization to transport my child to the hospital or clinic to administer emergency medical procedures, including emergency surgery (by all previously mentioned parties) required to maintain my child's health and well being. Available In the event the child care personnel is unable to locate me within 15 minutes after my child has suffered an injury/illness (that is not considered an emergency) and the child care staff believes my child's best interest would be served by immediate medical attention, I further consent to the transportation of my child to an appropriate facility (as listed above) for medical treatment that will alleviate any further

Custodial Parent/Guardian Signature _____ Date _____

MEDICAL HISTORY

Please answer the following questions, circling 'yes' or 'no' where applicable:

Date of your child's last physical exam or date your child was last seen by a health care provider for reasons other _____

List current medications used by your child and their expected side affects: _____

Yes No Does your child have any allergies? If yes, list, giving expected symptoms and method of treatment if necessary _____

Yes No Does your child have any health and developmental concerns or issues? If yes, please explain: _____

Yes No Does your child have any life threatening medical condition that requires an individual health plan? If yes, please see Program Manager. _____

Yes No Does your child have a dentist? If yes give his name, address and phone number:

Dentist's Name: _____ Address: _____ Phone Number: _____

What is the name of your child's Health Care Prov Address: _____ Phone Number: _____