MetroWest

JCC Grounds Permission Slip 2018-2019

My child _____

Has parental permission to use the JCC Gymnasium as well as go on walking field trips in and around the building.

_____

Parent Signature & Date

MetroWest

2018-2019
OINTMENT & LOTION PERMISSION FORM

Child's Name: _____

Name of Product: _____

☐ Sunscreen **(Parent's signature is required below)**

☐ Diaper Cream **(Parent's signature is required below)**

Condition for administering medicine: _____

Times to be administered: _____

Refrigeration necessary Yes ☐ No ☐

Possible adverse reactions: _____

Parent's signature _____ Date _____

MetroWest

Child Care Medication Authorization Form

Name of Child: _____ **DOB:** _____ **Today's Date:** _____

Name of Medication: _____

Reason for Medication: _____

Dose: _____ **Time/Frequency:** _____

Route: **Oral** **Topical** **Inhaled** **Injection** **Other**

Date to Start: _____ **Date to Stop:** _____ **Expiration:** _____

Additional Instructions/Comments: _____

_____

Known side Effects: _____

_____

FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider: _____

Phone Number: _____

I authorize JCC Metrowest Early Childhood personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: _____ **Date Signed:** _____

Parent/guardian signature: _____

RETURN OR DISPOSAL OF MEDICATION

Return Date: _____ Parent Signature _____

Disposal Date: _____ Staff Signature _____

Name & Signature of Witness to Disposal:

2018-2019

EARLY CHILDHOOD PRESCHOOL AUTHORIZATION FORM

Authorization for Pediatric – Emergency – Medical and/or Surgical Treatment

Explanation: It is the firm hope that the authorization granted by this form would never need to be used. For the safety of your child, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parents cannot be contacted immediately, this form may be extremely important. The authorization granted by this form would be used only when absolutely necessary and only after every attempt has been made first to contact the parent. Please indicate below two (2) emergency numbers at which we may be able to reach one of the parents or obtain information as to their whereabouts. We find that doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child when medical attention is needed, and this will assure us that no time will be lost in giving immediate treatment.

AUTHORIZATION

In the event my child requires medical care (and the determination thereof shall rest solely with the JCC), I hereby authorize the doctor and/or hospital to which he/she may be brought to take and perform all necessary life-saving procedures and render any indicated life-saving treatment. This includes the administration of anesthesia if needed, and the performance of an operation, if in the opinion of said doctor or doctors the same is necessary, to save my child's life while he/she is under the JCC jurisdiction. The undersigned agrees to indemnify and hold harmless the JCC collectively and individually as well as its employees and agents against any claims arising out of or related to actions taken by the JCC and/or its employees and agents pursuant to this authorization.

Signed_____ **Relationship to Child** _____ **Date** _____

Name of Child_____ Birthdate_____ Phone_____

Address_____ City_____ Zip_____

Cell Phone _____

NAME OF INSURANCE CO.	PHONE NUMBER	HOSPITALIZATION POLICY NO.

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