

# HOLY TRINITY PRESCHOOL - CHILD AUTHORIZATION & INSURANCE INFORMATION

## Persons authorized to pick up your child (Must show photo ID)

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Medical Treatment and Preferences

Name, address and phone number of child's doctor \_\_\_\_\_

Name, address and phone of child's dentist \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

Home Church \_\_\_\_\_

Hospital of Preference (Please check one)

The Children's Hospital  
13123 East 16<sup>th</sup> Avenue  
Aurora, CO 80045  
(720) 777-1234

Littleton Adventist Hospital  
7700 South Broadway  
Littleton, CO 80122-2602  
(303) 730-5895

Other \_\_\_\_\_

Chronic Medical conditions \_\_\_\_\_

Does your child have a treatment plan for a chronic illness or condition ? \_\_\_\_\_ If YES, the treatment plan must be provided on or before the first day the child is in care

Is your child on an IEP/FSP? (Is YES, please provide a copy for our records) \_\_\_\_\_.

Is your child fully immunized ? \_\_\_\_\_ Completed immunization records must be provided on or before the first day the child is in care.

Operations or serious injuries (dates) \_\_\_\_\_

Food Allergies/foods to avoid: \_\_\_\_\_

**HEALTH HISTORY**

(Chronic or recurring)

Ear Infections \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Heart disease/defect \_\_\_\_\_  
Convulsion/seizures \_\_\_\_\_  
Asthma \_\_\_\_\_  
Nosebleeds \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Chicken Pox \_\_\_\_\_  
Flu or Flu shot \_\_\_\_\_

**ALLERGIES**

(Nature of Reaction)

Hay Fever \_\_\_\_\_  
Plant Poisoning \_\_\_\_\_  
Insect stings \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Other drugs \_\_\_\_\_  
Animals \_\_\_\_\_  
Food \_\_\_\_\_  
Other \_\_\_\_\_

**Allergy/Illness that requires meds to be given at school?** (must have care plan signed by doctor)

YES  NO

**Food Allergy/Sensitivity**

YES  NO

(If YES, please complete mild allergy form)

Physical limitations \_\_\_\_\_ Describe if yes \_\_\_\_\_

Dietary limitations \_\_\_\_\_ Describe if yes \_\_\_\_\_

**Authorization for Emergency Medical Care**

I hereby give my permission for Holy Trinity Preschool to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child.

It is understood that the child care providers will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will give permission for child care staff to transport to the nearest health care facility and/or accept the expense of emergency transportation, medical or surgical treatment. I grant permission for the staff at Holy Trinity, the director, or acting director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the emergency contacts you provide for us.
4. If we cannot contact you or your child's physician we will do any or all of the following: (a) Call our nurse consultant, (b) Call an ambulance, (c) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under number 4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. Where negligence cannot be proven, this school will not be responsible for accidents that may happen to a child.

**Parent/Guardian signatures**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Insurance Information**

Group # \_\_\_\_\_ Member # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Name of Insured: \_\_\_\_\_