

CONSENT FOR MEDICAL TREATMENT

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regards to child's health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources for information.

- ✓ Hospital of Choice Phone Number _____
- ✓ Local Health Entity

Dr. Name:	Address:	Telephone:

Medical Plan:	Policy #:	Telephone:

I, _____, hereby give my consent for employees of Coyote Kids (Marsha's Mini-School), to call a physician and authorize medical or surgical care for my child, should an emergency arise where such service is indicated: It is understood that a conscientious effort must be made to notify me before such action is taken, but if it is impossible to locate me or my spouse, the expense of this service will be accepted by me.

Further, I agree to hold Marsha Jefferies and her agents or employees safe and harmless for or from any liability, damage, injury, or harm of whatever nature which may arise from any cause or source except the express negligence of Coyote Kids or Marsha's Mini-School.

Parent or Guardian Signature

Date

Does your child require additional accommodations? Yes _____ No _____

Explain: _____

Are the problems serious enough to restrict our child's activities?

Explain: _____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes _____ No _____

List any allergies staff should be aware of: _____

Is your child currently taking prescribed medication? Yes _____ No _____

Name of the medication? _____

If yes, for what reason? _____

PERMISSION TO RELEASE INFORMATION

I understand that the time my child, _____ is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

Signature of Enrolling Parent/Guardian

Date

.....

TRANSPORTATION FORM/ FIELD TRIP PERMIT

I understand my child may take part in field trips and educational excursions on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

I do not wish my child to take part in the aforementioned field trips or educational excursions.

(Provider's name) _____ may transport my child, in the event of an emergency evacuation or disaster preparedness drill of the facility.

Signature of Enrolling Parent/Guardian

Date

.....

Parent/Guardian Notification of NRS. 178:

I, _____, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren' s) enrollment.

Signature of Enrolling Parent/Guardian

Date



COYOTE KIDS

1021 GREENWAY ROAD
HENDERSON, NV 89002
565-1950

HEALTH STATEMENT

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT'S NAME: _____

PARENT'S ADDRESS: _____

STATUS OF THE ABOVE CHILD'S HEALTH _____

ANY KNOWN CONDITIONS UNDER TREATMENT _____

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES/NO – REASON _____

SIGNED _____ DATE _____

(M.D. or R.N.)

A Copy of the child's immunization record must be given to the school upon entrance. The Health Statement must be turned in within 30 days.