Permission for Emergency Medical Care

Child's Full Name: _____

I grant permission for the Directors, or acting Director, to obtain emergency medical care as follows:

1. Attempt immediately to contact a parent or guardian, my child's physician, or the persons listed on the emergency information form.

2. If unable to reach a parent or my child's physician, we will have the child taken to Medical Center Emergency Department in the company of St. Mark CDC staff member. An ambulance may be called if necessary.

3. I give my permission for the St. Mark CDC staff to consent to emergency care for my child. I understand that this consent includes emergency examination and care by a physician, x-ray or laboratory tests as ordered by a physician. I also authorize my child to be released back into the care of the St. Mark CDC staff should hospital care no longer be necessary.

4. Expense incurred under #3 above will be the responsibility of the parent or guardian.

5. In the event of an on sight emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Parent signature: _____   Date: _____

<div align="center" style="text-decoration: underline">Medication Authorization</div>

Over the counter:

I hereby give St. Mark Child Development Center permission to apply or give one or more the following over the counter medications or external preparations, in accordance with the directions for use the container:

(   ) Tylenol   (   ) Baby Wipes   (   ) Band-Aid   (   ) Neosporin, Bacitricin, or similar ointment

(   ) Bactine or similar first aid spray   (   ) Sunscreen   (   ) Insect Repellent

(   ) Non-Prescription Ointment (Such as A& D, Destin, Vaseline)

(   ) Powder   (   ) Baby Lotion (   ) Other _____

Parent/Guardian Signature: _____ Date: _____

Prescription

I hereby give St. Mark Child Development Center permission to administer prescription medication. I understand that the medication must be in an original container provided by the pharmacy. The medication must have my child's name and instructions on how to administer.

Parent/Guardian Signature: _____ Date: _____