

# Treatment of Minor Children 2019-2020

I hereby give permission that my child \_\_\_\_\_ to be given treatment by a qualified child care staff member at InThe Beginning Preschool. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health if I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. "I certify under penalty of perjury under the law of the State of Washington that the foregoing is true and correct."

## Confidential Emergency Health Information

To provide a safe and healthy environment for your child this information will be accessible to the following people: Director, your child's teachers and medical emergency personnel.

Alert to Parents: If your child has a serious medical condition, it is vital that you discuss this with your child's teachers and the Director immediately. It is very important to know of LIFE THREATENING conditions.

**Medical History:** (Check the ones that apply to your child and describe under the comment section)

- |   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Epi-Pen            | <input type="checkbox"/> Cerebral Palsy                               | <input type="checkbox"/> Other |
| <input type="checkbox"/> Anxiety/Panic Attack | <input type="checkbox"/> Hearing Problems   | <input type="checkbox"/> Diabetes                                     |                                |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Color Blindness                              |                                |
| <input type="checkbox"/> Bee Sting            | <input type="checkbox"/> Hyperventilation   | <input type="checkbox"/> PE Activity <input type="checkbox"/> Limited |                                |
| <input type="checkbox"/> Bleeding Disorder    | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Vision Problems                              |                                |
| <input type="checkbox"/> Bowel Problems       | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Seizures                                     |                                |

Comments: \_\_\_\_\_

**Allergies/Medicine:** Please make sure an 'Allergy & Medical Questionnaire' forms, along with 'Authorization to Administer both Prescription and Over the Counter Medicine' forms have been filled out, signed and returned to Lead Teacher or Director.

Does your child have any allergies:  Yes  No If yes, what allergies? \_\_\_\_\_

How do you treat the allergy? \_\_\_\_\_

Is medication given at home for the allergy?  Yes  No If yes, what is the name of the medication? \_\_\_\_\_

Does your child take medication for other medical issues?  Yes  No If yes, to what medications and for what type of diagnosis? \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Group # \_\_\_\_\_ Insurance Membership # \_\_\_\_\_

List any operations, injuries or hospitalizations w/dates: \_\_\_\_\_

**Washington State requires permission from parents for their child to use a hand sanitizer while in Preschool. ITBP strictly monitors and limits the use of this product to their students.**

- Yes, I give my child's teacher permission to offer the use of hand sanitizer to my child.  
 No, I do not give permission to my child's teacher to offer hand sanitizer to my child.

I give ITBP permission for the above categories and acknowledge this information is current and correct.

PARENT SIGNATURE: \_\_\_\_\_