

MEDICAL CARE

Child's Physician: _____ Telephone: _____
Child's Dentist: _____ Telephone: _____
Allergies/Significant Health Information: _____
Insurance Carrier: _____ Policy #: _____ Name of Insured: _____

PARENTAL AGREEMENT

Please check below for parent authorization of the following:

- _____ Impromptu neighborhood walks with Holy Nativity Christian Child Care Center
- _____ Photographs taken of my child at Holy Nativity Christian Child Care Center
- _____ Permission for my child to participate in supervised water play and other seasonal outdoor activities
- _____ Permission for Holy Nativity Christian Child Care Center staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child

Parent/Guardian Signature: _____ Date: _____

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