



### CHILDCARE MEDICAL FORM FOR ALL LOG CABIN ACTIVITIES

Please fill in the appropriate information and return this form to the Log Cabin.

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

My Child is up to date with shots? Y / N

Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

Medications (please list): \_\_\_\_\_

\_\_\_\_\_

Special conditions childcare workers should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

My Child is up to date with shots? Y / N

Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

Medications (please list): \_\_\_\_\_

\_\_\_\_\_

Special conditions childcare workers should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency when I cannot be reached, please contact one of these people:

1. Name: \_\_\_\_\_

Relationship to the child

Phone Number

2. Name: \_\_\_\_\_

Relationship to the Child

Phone Number

The child's physician is:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The child's insurance provider is: \_\_\_\_\_ Provider ID number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

In case there is an emergency with my child and I cannot be reached I, \_\_\_\_\_, give permission to emergency medical personnel or other medical doctor, specialist, or accredited hospital to give emergency treatment as deemed necessary to my child. I give permission to the Covenant Theological Seminary childcare worker to seek such treatment at their discretion.

I understand that I am also responsible for payment of all medical bills, and I will not hold Covenant Theological Seminary responsible.

If an emergency arises where I am unable to pick up my child after class (within 20 minutes), or to notify you, and the emergency numbers cannot be reached, you (childcare worker) have my permission to take my child home with you until someone can get the child for me.

Signature of Parent

Phone Number

Date

Signature of Parent

Phone Number

Date

ROOTED IN GRACE FOR A LIFETIME OF MINISTRY