



Emergency Medical Permission Form

Child's Name _____

Child's Date of Birth ____/____/____

I authorize Carepointe Academy's staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand this includes calling the physician named on my application, implementing their instructions and transporting my child by ambulance to a hospital or clinic without obtaining any further consent.

I further agree, and by my signature give my consent, that in case of accident or illness of a serious nature, my child will be given emergency medical treatment and care, as deemed necessary by the physician or EMS staff of the hospital named on the application. I understand I will be contacted immediately (or as soon as possible should I be away from the phone number listed with my application) but that the first consideration in the event of an emergency will be the proper aid for my child.

Father's Signature

Date

Mother's Signature

Date

I, _____ have witnessed the signatures above.

Signature of Witness

Date



carepointe
ACADEMY

Permission to Dispense Medication

Child's Name _____
Medication _____
Start Date _____ Expiration Date _____
Reason for Medication _____
Instructions for use _____
Dosage & Time _____

I request the above medication be given to my child as prescribed:

Signature of Parent/Guardian Date

Doctor _____ Phone _____
Pharmacy _____ Phone _____

STAFF USE: On dispensing, note date, time, dosage, and your initials below:

Date	Time	Dose	Initials	Date	Time	Dose	Initials

Medication returned to parents on _____

STAFF: File this form in the child's folder when medication is complete.