

## JNJ Emergency Medical PERMISSION FORMS (Drop 'n Shop/Valentine)

CHILD'S LAST \_\_\_\_\_ first \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

MOM: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

MOM CELL PHONE (\_\_\_\_) \_\_\_\_\_ MOM E-MAIL \_\_\_\_\_

DAD LAST \_\_\_\_\_ First \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Address (if same as mom's put S) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAD CELL PHONE (\_\_\_\_) \_\_\_\_\_ DAD E-MAIL \_\_\_\_\_

**CHILD CAN ONLY BE RELEASE TO THE FOLLOWING PEOPLE (other than parent) - they must bring photo ID**

NAME: \_\_\_\_\_ HOME # \_\_\_\_\_

ADDRESS \_\_\_\_\_ DR. LICENSE \_\_\_\_\_

NAME: \_\_\_\_\_ HOME # \_\_\_\_\_

ADDRESS \_\_\_\_\_ DR. LICENSE \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ Town \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S DENTIST \_\_\_\_\_ Town \_\_\_\_\_ PHONE \_\_\_\_\_

In the event I cannot be reached in a medical emergency occurring at JUMP-N-JAMMIN and my family physician cannot be reached in an emergency, I hereby give permission to JUMP-N-JAMMIN to use Bristol Hospital and/or the nearest hospital or Emergency Medical facility for my child's emergency treatment and the emergency Medical Services (911) for transportation. I give permission for my child to be treated by the Emergency Medical Staff.

Signature \_\_\_\_\_

### **MEDICAL INFORMATION**

Is your child on a special diet? (Explain)

Does your child have any visual or hearing impairment?

List any childhood diseases (i.e. mumps, measles, and chicken pox):

Language spoken in the HOME:

Does your child have any special issues that would affect his/her experience? (Explain)

CHILD RESIDES WITH?