

Information and Authorization for Neighborhood Houses's Peninsula School Age Program

Student's Name(s)		
Doctor Name	Phone	Insurance Name and Policy Number
Dentist Name	Phone	Insurance Name and Policy Number
Preferred Hospital		
Food, Medication or Environmental Allergies		
Special Health Conditions		Current Medications

I hereby grant permission for PCLC/ Neighborhood House staff to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps include:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician or dentist.
3. Attempt to contact a parent or guardian through any of the persons on the emergency contact
4. If we cannot contact you or your child's physician, and staff deem the incident a medical emergency, we will call an ambulance.

I have provided complete and accurate information. I understand that all employees are required to be CPR/ First Aid certified within their first 90 days of employment. I understand the above steps will be taken in the event of an emergency involving my child.

Parent/ Guardian Signature _____

Date _____

