

MEDICAL ACKNOWLEDGMENT / EMERGENCY AUTHORIZATION



Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Child's Name: _____ Date of Birth: _____

CHILD'S MEDICAL HISTORY: Briefly describe your child's health history OR check the appropriate box below:

- [] Additional health related or allergy information attached. [] Special needs/IEP documents attached. [] My child has had no diagnosis that teachers or emergency medical personnel might need to know.

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____
Number & Street City State ZIP

Dentist's Name: _____ Dentist's Phone: _____

Dentist's Address: _____
Number & Street City State ZIP

Health Insurance/Group ID: _____ Policy Number: _____

STATE HEALTH REQUIREMENTS

Green Hills Child Development and I are required by the Tennessee Departments of Education and Health to abide by certain rules designed to protect the health of my child, other children in the care of the school, and our faculty and staff. These rules include, for example, the prompt removal of my child if he or she is symptomatic, and keeping accurate and up-to-date health records for my child on-file with the school (I will notify the School whenever changes occur, whether or not the school prompts me to do so). I am responsible to abide by these rules and all the school's Parent Policies, which include certain health-related grounds for expulsion. I understand that only specially Designated Person(s) at Green Hills Child can assist me with administering a dose or course of prescription medicine for my child, and that this assistance is available only after the Director or Assistant Director acknowledge receipt of proper instructions / documentation, in advance.

COMMON CHILDREN'S REMEDIES & TOPICAL APPLICATIONS - PERMISSION OR LIMITATION

By my permission indicated below, the following kinds of common topical treatments, ointments or over-the-counter/non-prescription medicines may be administered as indicated:

[x] Topical applications I provide, like sunscreen, diaper cream or insect repellent, applied as needed by my child's teacher.

[] Ordinary over-the-counter children's medicines, dosed according to my instructions by one of the School's Designated Persons—see Parent Policies for limitations and procedural information.

OR [] I do not give permission for non-emergency dosing; I must do this personally, each time--see Parent Policies.

EMERGENCY MEDICAL AUTHORIZATION

If my child becomes ill or injured at school, Green Hills Child Development is hereby authorized to take one or more of the following actions: (a) communicate my child's health condition to any Responsible Person on my child's Authorized Pick-Up/Emergency Contact List; (b) release my child to a Person on my list; (c) give a dose of over-the-counter children's medicine according to label instructions to reduce pain or fever; (d) give consent for medical care; (e) take my child to the physician or dentist indicated on this form, or to another practitioner if they are unavailable; (f) arrange my child's transport to a hospital. The School will seek my permission in advance, but not if in the School's judgment doing so would delay the emergency care my child needs. I acknowledge my continuing obligation to maintain current information related to this authorization, whether or not prompted by the school to update it. All expenses resulting from the use of this authorization will be incurred by me and not Green Hills Child Development.

Signature of Parent/Guardian (1) - Duration: Authorization remains in effect until end of last day enrolled or superseded in writing. Date

Signature of Parent/Guardian (2) - Duration: Authorization remains in effect until end of last day enrolled or superseded in writing. Date