

EMERGENCY AUTHORIZATION

due by August 1

In case of emergency, Children’s Farm staff may take _____ to its designated Health Source for treatment and care. I expect to be notified as soon as possible.

Parent/guardian _____

ETHANOL SANITIZER

I understand that Children’s Farm uses ethanol based hand sanitizers both indoors and outdoors in addition to routine handwashing procedures and I give my consent for my child to use these sanitizers with teacher supervision.

Parent/guardian _____

EPIPEN AUTHORIZATION (complete ONLY if applicable)

Children’s Farm staff may administer an Epipen injection if my child requires one. I agree to meet with staff before my child begins school to set up procedures.

Parent/guardian _____

MEDICATION DISCLOSURE

I _____ agree to notify Children’s Farm staff within 24 hours if my child is diagnosed as having a contagious reportable disease such hand, foot and mouth disease, Chicken pox, strep infections, pink eye (conjunctivities, fifth disease, Influenza, head lice, roseola, scabies, impetigo and ringworm. I understand that the school staff will not administer medication. I also agree to inform the staff if my child is taking ANY medication, prescription or over the counter, while attending school.

Parent/guardian _____

Information for your child to be included in the Class Directory: (Optional, this list is only distributed to your child’s class)

Child’s Name _____

Parent(s) Name _____

Address _____

Phone _____ Email _____