DPHHS-QAD/CCL-113 (Revision 7-2006)

State of Montana Department of Public Health and Human Services Quality Assurance Division – Licensure Bureau Child Care Licensing

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.				
Child's Name:Address:				
Mother / Legal Guardian's Name:Address:	Home Number: Cell Number: Work Number:			
Father / Legal Guardian's Name: Address: Work Address:	Home Number: Cell Number: Work Number:			
Emergency Contact Person: Emergency Contact Person:	Contact Number: Contact Number:			
Physician / Medical Care Source:	Contact Number:			
Health Insurance Carrier & Policy Number:				
Persons authorized to pick up child: Name: Na	ame:			

WRITTEN CONSENT IS GIVEN FOR:

☐ Yes ☐ No EMERGENCY MEDICAL CA	RE						
☐ ADMINISTRATION OF PRESCRIPTION MEDICATIONS		Medication Authorization form and Medication Administration Log Must be completed					
☐ ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS		OTC Medication Authorization Form and Medication Administration Log must be completed					
☐ ADMINISTRATION OF SPECIAL DENTAL OF Please Specify:	R DIETARY	/ NEEDS	3:				
☐ TRIPS: ☐ Yes ☐ No TRANSPORTATION BY THE FACILITY FOR TRIPS							
☐ Yes ☐ No DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)							
IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS,							
SEIZURES, ETC.) DURING TRANSPORTATION?							
LICAL TILLUCTORY							
<u>HEALTH HISTORY</u>							
	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>		
Hay fever, asthma, or wheezing			Chickenpox				
Eczema or frequent skin rashes			Diabetes				
Convulsions/Seizures			Trouble with passing urine / bowel movement				
Heart condition			Frequent colds, sore throats, earaches, tonsillitis, pneumonia				
			caracines, torisinas, pricumorna				
	<u>YES</u>	<u>NO</u>					
Allergies or reaction: (food or other)							
Please Explain:							
	<u>YES</u>	<u>NO</u>					
Other Health Concerns (special disabilities):							
Please Explain:							