

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As a parent or legal guardian of: _____ D.O.B. _____

I hereby authorize: Valley View Dayschool 11501 SE Sunnyside Rd Clackamas, OR 97015 (503) 698-6003 consent to any medical or surgical treatment of the above children which such person deems advisable if a parent or legal guardian cannot reasonably be located when the children are brought for treatment. In an emergency, I authorize Valley View Dayschool to transport my child by ambulance or private car to the nearest available hospital or medical facility.

The above authorization will be effective as of **Sept. 1, 2011** and will expire after **August 31, 2012**. (Total period by law may not exceed twelve months).

Parent/Guardian Signature _____ Date _____

Please Print Clearly

Mother or guardian name _____
Home address _____ City _____ Zip Code _____

Name of Employer _____

Father or guardian name _____
Home address _____ City _____ Zip Code _____

Name of Employer _____

Contact Phone Numbers **VVDS Will Call Contact Numbers In The Order Given Below.**

Please circle Home, Work or Cell for the location of the number, and to whom it belongs (**Mom** or **Dad**).

#1 () - _____ H W C Mom Dad

#2 () - _____ H W C Mom Dad

#3 () - _____ H W C Mom Dad

#4 () - _____ H W C

Office Use Only: I T PD PT 3B BH

Mom Dad

#5 () - _____ H W C Mom Dad

#6 () - _____ H W C Mom Dad

EMERGENCY CONTACT: (Other than Mom or Dad) _____ Relationship to Child _____

Home# _____ Work# _____ Cell# _____

Family Physician: _____ Phone # _____

Insurance Information: _____ Hospital Preference _____

Permission of Application:

VVDS... CAN _____ CAN NOT _____ apply Neosporin to minor cuts and scratches.
VVDS... CAN _____ CAN NOT _____ apply UVA/UVB Sunscreen, SPF 30, waterproof, Hypoallergenic, PABA-free and oil free.

Date of last DPT Immunization _____ (Please give a date. Do not put on file, current or up to date).

Chronic Illnesses: _____

Food Allergies: _____

Medication Allergies: _____

Current Medications: _____

USE THE BACK OF THIS FORM IF MORE SPACE IS NEEDED

Health Issues- PLEASE UPDATE THIS FORM IF THERE ARE **ANY CHANGES**.