



Medical Authorization

Name of Child _____ Date of Birth _____

Child's Physician _____ Telephone Number () ____ - ____

I am aware that the state law requires that all children attending a childcare facility be in good health, free of communicable diseases and current with all required immunizations. I agree to complete my portion of the certificate of Health and Immunization Form and have this form signed by my child's physician within 30 days after my child's enrollment date. _____

Before any medication is dispensed to my child, I will provide a written authorization which includes; date, name of child, name of medication, prescription number; if any, dosage, any potential adverse reactions, date and time of day medications are to be administered. Medication will be in the original container with my child's name marked on it. *Medicine will only be administered if permitted by state regulations. _____

Should my child suffer any injury or illness while in the care of Peyton's Learning Place Inc., I hereby grant the staff permission to take whatever action in its judgment may be necessary in supplying emergency medical services. I understand that consistent with the circumstances of the situation I will be contacted and my instructions followed or the instructions of any other designated emergency contact. I hereby grant permission to Peyton's Learning Place Inc. staff to contact and comply with the advice of an available physician or ambulance personnel. I hereby agree that I will be solely responsible for and I will promptly pay any expenses incurred by the program in making emergency medical care available to my child. I also understand and agree that my insurance will act as the primary coverage. _____