

PERMISSION FOR MEDICAL TREATMENT FOR MINORS

Parent/Guardian:

Should your child become injured or ill while in our care, I want to ensure there will be no delay in seeking medical treatment. Please complete and sign this form which grants Caterpillar Clubhouse, and its team members, permission to treat him/her for a minor injury or medical problem.

In the event of serious injury or medical problem, Caterpillar Clubhouse will seek treatment for your child immediately and make every effort to notify you of the situation as quickly as possible.

To expedite treatment for my child, I hereby authorize a team member of Caterpillar Clubhouse to seek treatment for my son/daughter for serious injury/illness. I understand that my consent is not required in an emergency. Please provide a copy of health insurance card.

Date: _____

Parent/Guardian Signature

Parent Name: _____ Relationship: _____

Address: _____ Phone: _____

City/State: _____ Zip _____ Alternate Phone: _____

Emergency contacts if parent/guardian cannot be reached:

_____ Phone: _____

_____ Phone: _____

Child's Name: _____ D.O.B.: _____

Please answer yes or no to the following (if yes, please be very specific and attach a separate page).

Medical Condition or illness	NO	YES	If Yes, please explain
Currently have an acute illness			
Chronic medical condition or illness			
Recently been treated for any medical condition			
Currently taking medication			
Have allergies to medications or anesthetics			
Have any restrictions on exposure to dust, fumes, heat/cold, sunlight, soaps, cleansers, or any chemical substance			
Restrictions on carrying, lifting, bending, reaching, and use of back, arms, legs, or any part of the body			
Experience back problems			
Date of last Tetanus shot			