

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Signature (Parent Guardian)

Date

Parental Agreements With Cumberland Christian Academy After School Program

1. Cumberland Christian Academy After School Program agrees to provide after school care for _____ (child's name) on regular school days, excluding early release days beginning at the end of the child's school day until 6:00 pm. An afternoon snack will be provided.
2. 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, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by the parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contact, child's physician, child's health status, etc.
5. Cumberland Christian Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. I have received a copy and agree to abide by the policies and procedures for Cumberland Christian Academy.

Signature (Parent/Guardian) _____ Date _____

Emergency Medical Authorization

Should _____ (child's name) suffer an injury or illness while in the care of Cumberland Christian Academy and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep Cumberland Christian Academy informed of changes in telephone numbers, etc. where I can be reached.

Cumberland Christian Academy agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name

Telephone Number

Known medical conditions (I.e.,) diabetic, asthmatic, drug allergies, food allergies, etc.

Signature of Parent/Guardian

Date

Telephone Number