

Does your child have any food allergies? If so please list them below.

Please list any medical conditions we should be aware of past and present.

Medical History:

Please indicate if the child has had the following:

	Yes	No	Age	Describe/Details
Measles				
Rubella				
Mumps				
Chicken Pox				
Whooping Cough				
Tonsillectomy				
Seizures				
Ear Infections				
Asthma				
Pneumonia				
Bronchitis				
Dental Concerns				
Chronic Disease				
Serious Illness				
Any Hospitalization				
Exposure to any communicable diseases, I.e.: HIV, TB, AIDS, etc.				

Permissions:

I hereby give permission for the BRDSC Staff to give my child first aid and/or CPR when necessary. I also give permission for BRDSC Staff to transport my child to a hospital or other emergency medical facility to receive emergency medical treatment.

Parent or guardian's signature

Date

If you refuse to sign please initial here: _____

I hereby authorize an ambulance/rescue squad attendant to administer medical treatment as necessary. I also authorize the hospital to undertake examination and emergency treatment if warranted on my child's behalf.

Parent or guardian's signature

Date

If you refuse to sign please initial here: _____

By signing below I hereby agree to produce a copy of my child's *up to date* immunization record BEFORE my child is enrolled in BRDSC.

Parent or guardian's signature

Date

If you refuse to sign please initial here: _____

Photography and video tape may be used at BRDSC. By signing below I hereby give BRDSC my permission to photograph or video tape my child. Please note that these images will only be used for in house projects and/or future advertising.

If you refuse to sign please initial here: _____

Occasionally we will be heading to the beach to swim. I fully understand the risks involved and give my permission for my child to swim under the supervision of the BRDSC staff. By signing below I hereby release the Town of Brownfield, their employees, volunteers, and the BRDSC staff of any and all liability.

Parent or guardian's signature

Date

If you refuse to sign please initial here: _____

Please note that this application form must be updated whenever any of the information changes.

I have hereby completed this application to the best of my knowledge and ability. All of the above information is complete and accurate.

Parent or guardian's signature

Date

