

Health Care Needs

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be required before the start of school.

List all allergies (including food allergies), the symptoms, and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has.

List any types of medications taken for health care needs. **Please note TGP Staff only administers emergency medications as needed.**

Emergency Medical Care Information

Physician	Address	Telephone
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Hospital Preference

Parent's Primary Insurance Company	Insurance Group Number
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1) I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

2) I understand that my child may participate in physical activities such as those held during classroom time, playground time, music and movement, fall festivals (including but not limited to inflatables and bounce houses), etc. As with any physical activity, there is risk of injury. I fully accept this risk and hold harmless from any legal liability, The Growing Place/MVBC and any person in The Growing Place staff.

3) In the event of an emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to The Growing Place, MVBC Directors, and/or designated staff to transport my child. In addition, I grant permission for the same to secure licensed EMT to transport my child and secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

4) I understand that if the medical needs of my child changes during the school year, it is my responsibility to update this document and properly inform The Growing Place staff of said changes.

Parent/Guardian Signature	Date
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I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full time custodian.

Signature of Administrator	Date
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