

Authorization for Medical Attention

MCS Arlington

I authorize the facility Director or person in charge to take my child to the nearest facility at 3301 Matlock Road, TX 682-509-6200 (Medical City Arlington)

MCS Bedford & Euless

I authorize the facility Director or person in charge to take my child to the nearest facility at 1600 Hospital Parkway Bedford, TX 817-685-4000 (HEB Hospital)

Children's Primary Physician Name: _____

Address: _____

Phone Number: _____

I hereby give consent for emergency treatment when my child is in the care of this facility/Hospital/Clinic

Parents Signature _____
Date

CHECK ALL THAT APPLY:	I hereby give do not give		- consent for my child to be transported and supervised by the operation's employees:	
1. TRANSPORTATION:	for emergency care	on field trips	to and from home	to and from school
2. FIELD TRIPS:	I hereby give do not give		- my consent for my child to participate in Field Trips:	
Parent's Comments:				
3. WATER ACTIVITIES:	I hereby give do not give		- my consent for my child to participate in Water Activities:	
	sprinkler play	splashing/wading pools	swimming pools	water table play

Parent/Guardian Signature _____
Date

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

YES

NO, I did not receive

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

AM Snack

Lunch (Provide by Parents)

PM Snack

Immunization Record

I have provided the childcare operation with a copy of my child's most current immunization record

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that the he/she can take part in the day care program.

Healthcare Professional's Signature

Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of, I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and can participate in the day care program. Within 12 month of admission, will obtain a health care professional's signed statement and will submit it to the child – care operation.

Name and address of health care professional:

Parent/Guardian Signature

Date

Vision:	R 20/ _____	L20/ _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature	_____			
Hearing:	1000Hz	2000Hz	4000Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Right:	_____			
Left:	_____			
Signature:	_____			

Mid-Cities Scholars requires applications to be verified and/or updated every 6 months

Parent/Guardian Signature

Date