

# TYKE TOWN EMERGENCY FACT SHEET

The information you provide here will assist Logan Health Medical Fitness Center staff in providing your child with safe care in the case of an emergency.

**PLEASE PRINT**

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Hair color \_\_\_\_\_ Eye Color \_\_\_\_\_ Any identifying marks \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

e-mail address \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

List any specific allergies \_\_\_\_\_

List any medications your child is currently taking: (Please note that Tyke Town staff cannot administer any kind of medication to your child.)

**PLEASE CHECK THE APPROPRIATE ANSWER:**

YES NO

\_\_\_\_ \_\_\_\_ Has your physician ever said your child has high blood pressure or cardiovascular disease?

\_\_\_\_ \_\_\_\_ Does your child have unusual shortness of breath upon exertion?

\_\_\_\_ \_\_\_\_ Does your child have a history of dizziness or fainting spells?

\_\_\_\_ \_\_\_\_ Does your child have a bone or joint problem that is aggravated by exercise, or may be made worse with exercise? If yes what type of injury/condition occurred and when?

\_\_\_\_ \_\_\_\_ Has your child had surgery or a medical procedure in the last year? If yes, please describe.

\_\_\_\_ \_\_\_\_ Does your child have any other conditions that our staff should be aware of to better take care of your child?

\_\_\_\_ \_\_\_\_ Is your child currently receiving the state approved schedule of vaccinations?

**\*A copy of your child's current immunizations is required to attend Tyke Town.\***

**Parent Release Form:**

Name of person(s) designated whom the child may be released to other than parent in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**\*We may ask to see a picture I.D.**

\* The following persons are not allowed to have contact with my child\*: \_\_\_\_\_

\_\_\_\_\_  
\*Please attach court order if applicable.

**Acknowledgment of Risk And Release of Liability**

I \_\_\_\_\_, the undersigned, hereby authorize my child/children, \_\_\_\_\_, to participate in all components of Tyke Town Drop In Day Care and/or Logan Health Medical Fitness Center Kinder Kare Program in Tyke Town. In consideration for permission to participate, I do hereby, for myself, my heirs and assigns, and on behalf of my child/ward, and for his or her heirs and assigns, release and agree to indemnify and hold harmless Logan Health Medical Fitness Center, their officers, staff, agents, employees and volunteers from any and all liability, loss, claim, demand, action, or cause of action which arises or may arise or be occasioned in any way by such participation.

**IN CASE OF A MEDICAL EMERGENCY, THE TYKE TOWN AND/OR LOGAN HEALTH MEDICAL FITNESS CENTER HAS YOUR PERMISSION AS THE PARENT/GUARDIAN OF THE ABOVE MENTIONED CHILD TO TRANSPORT THROUGH 911, YOUR CHILD TO A LOCAL HOSPITAL FOR APPROPRIATE AND PROMPT MEDICAL ATTENTION.**

**Please sign below as an indicator that you have read and understand all the above.**

**Parent/Guardian Signature** \_\_\_\_\_

Today's date \_\_\_\_\_

Update 1/24