

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
					( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
					( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
					( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE
				( )	( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
			( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
			( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION \_\_\_\_\_ DATE LEFT \_\_\_\_\_

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

**NEBULIZER CARE CONSENT/VERIFICATION  
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. ***A separate form must be filled out for each person who administers inhaled medication to the child.***

I, \_\_\_\_\_, give my consent for \_\_\_\_\_,  
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at \_\_\_\_\_,  
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, \_\_\_\_\_, and to contact my child's health care  
provider. (PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
--	------

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
-----------------------	-----------------------



# Illume Pursuits

Adventures in Learning

Illume Pursuits LLC.

3672 Bates Street

Irvine, CA 92614

[www.illumepursuits.com](http://www.illumepursuits.com)

[info@illumepursuits.com](mailto:info@illumepursuits.com)

## Illume Pursuits

### Photography/Video/Voice/Internet Release & Permission Form

Illume Pursuits makes extensive use of media technology to instruct and engage students in learning. In turn, the staff and students take pictures, record video and voices as part of media projects, curriculum and instruction. We also showcase this work to our parents, prospective parents and the general public. We use professional judgement and discretion in presenting this information. Our students may also utilize educational software accessed over the internet. Student internet access is under Illume Pursuits supervision and monitored by web filtering software. We take our students safety seriously and take precautions to ensure their safety.

I hereby give Illume Pursuits LLC. permission to use the photographs/videos/voice recordings, written composition or visual art of the minor(s) or myself listed below for publicity, promotion, videos publications, and Illume Pursuits web use in current and subsequent years.

Illume Pursuits will only use a child's first name. No other information that identifies the child will be used. I understand that ownership of intellectual property can't be guaranteed and do not hold Illume Pursuits responsible for content used without its permission.

I hereby give permission of the minor listed below to use the internet under the supervision of Illume Pursuits staff and web filtering software.

If the parent/guardian wish to rescind this agreement they may do so at any time with written notice.

Student's Name(s) (*print*): \_\_\_\_\_  
\_\_\_\_\_

Effective Date of: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (Print)

\_\_\_\_\_ (Signature)

I refuse to have any of the above mentioned media content or work of the minor(s) listed above published.

I refuse to give permission of the minor(s) listed above to internet access.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_