The Britleys for Toddlers

CHILD ADMISSION FORM

|  |  |
| --- | --- |
| Child’s Full Name:  |  DOB: |
| Home Address:  |  |
|  | Street |
| Parent(s) Name(s):  | City | State | Zip |
|  First Last Relationship | First | Last | Relationship |
| Home Address:                                                                   | First | Last | Relationship |
|  Street | Street |
|   | City | State | Zip |
|                          Home Phone |                          Cell Phone |                          Work Phone |
| Number to be call in case of emergency:                                 |

|  |  |  |
| --- | --- | --- |
| 1.

 Name                           Relationship                           Telephone # | 1.

 Name                           Relationship                           Telephone # | 1.

 Name                           Relationship                           Telephone # |

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (s) of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets in the home: Yes or No (please circle one)

What is your preferred means of communication? Text Email Phone (circle one)

**MEDICAL INFO:**

Dr. Name:                                      Clinic:

Address:                                                     Phone:

Medical Insurance Carrier:                                                                      \_\_\_

Medical Insurance #:

**DENTAL INFO:**

Dentist Name:

Address:                                                    Phone:

Medical Insurance Carrier:

Insurance Carrier:                                       Insurance #:

**EMERGENCY CONTACT**:

Person(s) to be contacted if a parent cannot be reached in an emergency:

|  |  |
| --- | --- |
| 1.

 Name                                     Address                                     Telephone # | 1.

 Name                                     Address                                     Telephone # |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize The Britleys to act on my behalf in case of a medical emergency or because I cannot be reached.

Parent Signature:                                          Date:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize The Britleys to administer medications (sunscreen lotion, insect repellents, and diaper products) per their policy.

Parent Signature:                                          Date:

Parent understands that The Britleys provides non-medical sick care services to sick children, ages 1 to 12. Parent authorizes the assigned caregiver to provide care for child(ren) listed above in their home. Parent authorizes the caregiver and The Britleys to use whatever emergency measures are deemed necessary, at the parent’s expense, and will not hold The Britleys. or its employees responsible for decisions that are made in good faith during the parent’s absence in time of emergency.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_