

2023-2024 EMERGENCY, MEDICAL & TRANSPORTATION AUTHORIZATION

By signing below, the legal parent / guardian does hereby give permission and authorize emergency medical or dental care and/or treatment that might be required while under **MINDS IN MOTION, LLC**'s supervision for children indicated on this form. Program team members may take steps including any or all of the following if they believe an emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of an emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the nearest hospital or to the child's physician or parent.

Emergency Contact and Medical Information for children

Child's Name

Date of Birth
M F

Child's Name

Date of Birth
M F

Child's Name

Date of Birth
M F

Parent Name

Address

Phone

Email

Additional Emergency Contact 2 (Name and Phone #)

Persons authorized to pick up above named children

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Dentists Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment in an emergency situation. I agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Field Trip Authorization

I give permission for my child(ren) _____ to attend field trips at facilities off of Minds In Motion property. I release MINDS IN MOTION, LLC and individuals working on behalf of MINDS IN MOTION, LLC from liability in case of accidents during activities related to MINDS IN MOTION, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Transportation Authorization

*I give permission for my child(ren) _____ to be transported in any vehicle owned and insured under Minds In Motion, LLC and it's owners. This includes transportation to and from school, any school along the designated pick up route, and field trips. Driver's hold a current and valid driver's license. The vehicle, when children are aboard, shall not be left unattended for any time. The children must wear a seatbelt while the vehicle is in motion if applicable. Children will be accounted for by using an online attendance app or roster before the vehicle leaves any location.

*For pick up from schools: I agree to notify Minds In Motion at least 1 hour before school dismissal of a child's absence so that it can be documented. I understand that failure to notify Minds in Motion of an absence within the required time frame may result in additional fees.

*I authorize Minds In Motion personnel to complete sign in & sign-out requirements if required at their enrolled school. (This may apply to before school and after school pick up)

*I understand that I will be notified of all field trips prior to the day of the event. The period of the agreement is valid until the child is unenrolled from Minds In Motion, LLC.

Parent's/Guardian's Signature

Date

Sick Policy

Minds in Motion is a well-child facility. This means that the occasional mild cough or cold is not grounds for exclusion, however if your child experiences any of the symptoms outlined in the illness policy, they will not be allowed to attend. We understand that it can be an inconvenience for a parent to take time off work when a child is ill, however for the well-being of other children and staff we will adhere to this policy.

Any time that an ill child doesn't feel well enough to participate comfortably in activities it can require more care than the provider is able to provide without compromising the health & safety of the other children and staff. An ill child can also quickly spread illness to other persons in the group. Our facility is group based care and the needs of the group as a whole take priority.

- ★ If "*The illness prevents the child from participating comfortably in center activities, including outdoor play.*" the parents will be notified and appropriate options will be discussed based on symptoms.
- ★ A basic "24-hour policy" is designed for the sick child's protection, as well as for others in the center. This means a child must be symptom-free for 24 hours before returning. Symptoms typically covered under this rule include: Vomiting, Diarrhea, Rash, Persistent cough, Fever over 100.4 F, Obvious contagious conditions such as head lice or pink eye.
- ★ If your child displays symptoms associated with COVID-19 a minimum of 72 hours will be required before they may return for care.
- ★ If a child tests positive for Covid-19 a negative test result must be provided in order for your child to return.
- ★ A more detailed policy is found under our ILLNESS POLICY GUIDE which can be provided upon request.

I understand and agree to adhere to the policies presented to me regarding sick and illness policy.

Parent's/Guardian's Signature

Date