

Bright Beginning Learning Center

Legal Medical Care Permit

Student's Legal Name: _____
First Last Middle Initial

Date of Birth: _____ Sex: Male Female Phone: _____
MM/DD/YYYY

Home Address: _____

Mother/Legal Guardian: Father/Legal Guardian:
Name: _____ Name: _____

Home Address: _____ Home Address: _____
Phone: _____ Phone: _____

EMERGENCY CONTACT INFORMATION: Please list names of two (2) adults you authorize to act as contacts and who can give permission for treatment in the event your child becomes ill or is injured and we are unable to contact you.

Name: _____ Name: _____
Home Phone: _____ Home Phone: _____
Other Phone: _____ Other Phone: _____

Home Address: _____ Home Address: _____
Relationship: _____ Relationship: _____

HEALTH INSURANCE/PHYSICIAN INFORMATION

Insurance Company: _____ Hospital Choice: _____

PARENTAL CONSENT FOR TREATMENT AND WAIVER

General Care: As Bright Beginning Learning Center provides limited first aid care in their preschool program, We hereby consent to authorize as much medical treatment for our child as deemed necessary by the staff at school.

Referral: We authorize the staff to refer our child, or to consult with physicians or facilities they deem necessary or appropriate. Our preference (which is not mandatory) in the event of such referral or consultation is stated herein.

Emergency Care: In the event of serious illness or injury to our child, Bright Beginning Learning Center may give emergency care or treatment, but is not obligated. We authorize the staff to arrange for such emergency care or treatment as may be directed by the State of Hawaii Department of Human Services and explained in the parent handbook, including first aid to our child as the staff deems necessary under the circumstances, without our prior consent, with the understanding that we will be notified as soon as possible.

Release: In consideration of child's enrollment in Bright Beginning Learning Center and on behalf of ourselves, our personal representatives, our heirs, and our child, We waive and release any and all claims against Bright Beginning Learning Center and its employees, in both their personal and professional capacities, for injuries liabilities, losses or damages connected with or arising out of the rendering of medical treatment to our child. We agree to indemnify and hold harmless, Bright Beginning Learning Center from and against any and all claims, proceedings, injuries, losses, damages, and expenses including attorney fees and costs relating to the rendering of medical treatment to our child.

We have read and understand the contents of this statement and confirm that we agree and are signing this statement on our own free act.

Mother's Signature

Father's Signature

Date