

*****IMPORTANT-RETURN FIRST DAY OF SCHOOL*****

Medical Release:

I hereby give consent to Country Children's House to administer first aid; authorize necessary emergency treatment at a nearby emergency hospital, and/or authorize a medical doctor to examine or treat the mentioned child while he/she is in attendance at Country Children's House. I agree to accept the financial responsibilities for any cost incurred in the treatment of any illness, accident or injury of the named minor. I give my permission for my child to take part in all school activities including sports and release the school from any liability to me or my child because of injury to my child at school.

Child's name _____

Signature _____ Date _____

Please indicate any allergy information below.

CCH Directory

____ No, I do not want my information printed in the directory.

____ Yes, Please print my information in the directory as indicated below.

Child's Name _____

Parents' Name _____

Address _____ Phone Number _____

Email address _____