



General Information, Contacts, Medical Authorization and Consent

Child #1 Information:

Child's Full Name _____
Nickname _____ Gender _____ Birth Date _____
Current Medications _____ Allergies _____
Physical Completed on _____
Physical Provided to Sprout Immunization Record Provided to Sprout

Next two questions are for Before and/or After School Care (BASP) children only:

School Child Attends _____ Current or Last Completed Grade _____

Child #2 Information:

Child's Full Name _____
Nickname _____ Gender _____ Birth Date _____
Current Medications _____ Allergies _____
Physical Completed on _____
Physical Provided to Sprout Immunization Record Provided to Sprout

Next two questions are for Before and/or After School Care (BASP) children only:

School Child Attends _____ Current or Last Completed Grade _____

Child #3 Information:

Child's Full Name _____
Nickname _____ Gender _____ Birth Date _____
Current Medications _____ Allergies _____
Physical Completed on _____
Physical Provided to Sprout Immunization Record Provided to Sprout

Next two questions are for Before and/or After School Care (BASP) children only:

School Child Attends _____ Current or Last Completed Grade _____

Parent or Legal Guardian Information

Parent/Guardian #1:

Name _____

Cell Phone _____ Email _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

Relationship to Child _____

Parent/Guardian #2:

Name _____

Cell Phone _____ Email _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

Relationship to Child _____

Parent/Guardian #3:

Name _____

Cell Phone _____ Email _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

Relationship to Child _____

Parent/Guardian #4:

Name _____

Cell Phone _____ Email _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

Relationship to Child _____

Emergency Contacts and Alternate Pick Up (Other than Parent or Guardian)

The following individuals may be contacted in case of an emergency or when parents cannot be reached and will be classified as a person authorized to pickup any of the children listed above unless specifically excluded.

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Authorization for Emergency Medical or Dental Care

As the parent or guardian of the child/children listed above, I hereby authorize Sprout Kids Academy to arrange/secure emergency medical care, emergency dental care and/or any treatment my child might require while under the Center's supervision. I also authorize Sprout Kids Academy to administer emergency care or treatment as required until emergency medical assistance arrives. I further agree to pay all costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in the event of an emergency.

Doctor _____ Phone _____

Dentist _____ Phone _____

For emergency medical treatment my preferred hospital is:

_____ located in _____, Iowa

Insurance Carrier _____ Insured's Name _____

Policy # _____ Group # _____

Authorization and Consent

Please read the items below and check each box to give consent

- I hereby give permission for my child to use all of the play equipment and participate in all of the indoor and outdoor activities at Sprout Kids Academy.
- I give permission for my child to attend all center-sponsored field trips or activities, both on and off-site (unless specifically excluded below). I further give permission for my child to be transported to these field trips. Transportation methods to these field trips/activities may include but are not limited to walking, car, van, bus or public transportation.
- I give permission for Sprout Kids Academy staff to transport my child to and from school in a center-owned or leased vehicle using only one staff member.
- I give permission to use diffused essential oils in my child's classroom. (*Orange, Grapefruit, Lemon, Lavender, Tangerine or Citrus Bliss*) Oils will never be placed directly on children. If there are any oils you prefer NOT be diffused in your child's classroom, please exclude them here.

(Additional information on oils used can be found in the office.)

- I give permission to Sprout Kids Academy to apply one or more of the items listed below to my child and release Sprout Kids Academy from any liability for administering any of those items. If I require my child to use a specific brand or type of any of these items, I agree to provide the specific item to Sprout Kids Academy and I will mark my child's first and last name on the item with a permanent marker.

Baby Wipes, Band-Aids, Topical Ointments (such as Neosporin), Sunscreen, Non-Prescription Ointments such as Vaseline, Desitin or other Diaper Rash Creams

- I give permission to Sprout Kids Academy to photograph or videotape my child and use the resulting photographs/videos for any and all marketing material and/or advertising including material on the Sprout Kids Academy website.

My signature below releases Sprout Kids Academy from all claims and liability arising from any occurrence causing injury to any person or property during or associated with the aforementioned items. For purposes of this form the term "Sprout Kids Academy" encompasses all employees, owners, and affiliates.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

----- UPDATED -----

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____