

**REACH CYA PRE-K
MEDICAL/CONSENT FORM**

Please list any allergies your child has; please mark N/A if not applicable:

- Food: _____
- Medications: _____
- Anesthetics: _____
- Stings/insect bites: _____
- Other: _____

Note: No medication of any type including, but not limited to, any prescription drugs, cough drops, vitamins, aspirin or ear drops may be administered by REACH CYA staff.

A child cannot attend the REACH CYA Pre-K program until his/her parent/guardian has provided proof that the child is in good health and has had a recent health examination. An up-to-date record of immunizations must be kept on file.

Child's Physician's Name: _____

Address: _____

Phone: _____

Medical Insurance Co. Name: _____

Policy Holder Name: _____

Policy Number: _____

Emergency Medical Release:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the REACH CYA staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I release the REACH CYA staff and volunteers from any liability or legal action.

Parent/Guardian Signature: _____ **Date** _____