

# Release Forms

## RELEASE FOR MEDICAL SERVICE

In the event my child requires emergency medical service, I hereby request that the following actions be taken:

1. Contact me at the following telephone number: \_\_\_\_\_
2. Doctor Information:
  - a. Doctor Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Phone Number: \_\_\_\_\_
3. Obtain emergency treatment at the following hospital: \_\_\_\_\_
4. Health Insurance Information:
  - a. Insurance Carrier: \_\_\_\_\_
  - b. Insurance Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_
  - c. Insurance Customer Service Phone Number: \_\_\_\_\_
5. If we are unable to contact the above doctor, do we have your permission to contact another doctor?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Upon signing below, you acknowledge that you understand Tot Spot insurance is designed to work with your own personal health insurance as a supplement. If the expenses for an accident are less than \$100.00, Tot Spot's policy will pay 100% of the cost. If the expenses are over \$100.00, Tot Spot's policy will pay only those expenses not paid by your personal health carrier. You and the director of Tot Spot should complete the accident claim form. The child's full legal name should be used.*

Initial: \_\_\_\_\_

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## RELEASE FOR IBUPROFEN

At times, your child may develop a fever. If we are not able to reach you in a reasonable amount of time, do you authorize a Tot Spot staff member to administer an age-appropriate dose of Ibuprofen? (Ages 3–5) Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*Please note that a Doctor's prescription is required by law to administer Ibuprofen or any other medication to a child two years of age or under.*

Initial: \_\_\_\_\_

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## RELEASE FOR SKIN CARE PRODUCTS

At various times during the school year your child may be in need of lotion, gels, powders, sunscreen, bug repellent, etc. Do you give your permission for us to apply these items if and when needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*If no, please list items you do not want us to use: \_\_\_\_\_*

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School Year

Parent Signature

Date

2011-12

\_\_\_\_\_

\_\_\_\_\_

2012-13

\_\_\_\_\_

\_\_\_\_\_

2013-14

\_\_\_\_\_

\_\_\_\_\_

2014-15

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2015-16

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