

QUICK REFERENCE EMERGENCY INFORMATION

to be attached with LIC 700



Please check if student has any SEVERE: Allergies Other

| | | | |
|---|---------|------|-----------------------|
| Student's Name: | Gender: | Age: | Date of Birth: / / |
| Emergency Contact Name, Phone Number & Relationship to Student: | | | |

MEDICAL INFORMATION / MEDICATION POLICIES

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|--|-----|----|
| Does the student have any health condition or requirement that we should know about? | YES | NO |
| Allergy / Medical Condition Information - Please list all allergies and/or medical condition the staff should be aware of. | | |
| Reaction / Observable Symptoms: | | |
| 9-1-1- will be called in emergency situations. Please indicate preferred treatment in emergency situation, if applicable: | | |

Medication Policies

- * Prescription and nonprescription medication may only be given in emergency situations due to a chronic condition or prevention, such as allergic reactions, asthma, etc. Little Language Ambassadors staff will not administer any non-prescription medication for non-emergency situations, like common cold, cough, seasonal allergies, non-threatening fever, stomach aches, etc.
- * All medication will be administered ONLY with the parent provided medication AND in accordance to the specific medical instructions, that is kept in the student's file, pertaining to the respective medication. Prescription medication will be administered in accordance to the dosage prescribed by the child's physician. Nonprescription medication will be administered in accordance to the product label directions on the container with written parent consent.
- * All medication must be in the original bottle with the child's name, name of medication, the date it was prescribed, expiration date, the prescribed dosage or original label directions, the conditions for use, any precautions to follow and potential side effects.
- * Parent's consent will always be sought prior to administering medication. However, in emergency situations, the staff will assess the situation and if needed the staff will follow the Rx on file and/or take necessary actions with/without prior parent consent.
- * According to the US Food and Drug Administration, sunscreen has been ruled as an over the counter drug product. Therefore, application of sunscreen will comply with our policies on nonprescription medication.

I have read and understand the Medication Policies. _____ (initial)

I have provided Little Language Ambassadors a prescription/nonprescription medication for my child to keep at the facility. YES NO

If YES, I give permission to the staff of Little Language Ambassadors to administer the following medication to my child when needed. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication. _____ (initial)

Name of medication: _____ Reason for medication: _____

I give permission to the staff of Little Language Ambassadors to apply sunscreen to my child, if needed.

If YES, the staff will apply the sunscreen provided by the parent. If one is not available, please indicate the preferred option:

___ Any available brand of sunscreen is acceptable.

___ For medical reasons, please use only the following brand(s) of sunscreen: _____

MEDICAL PROVIDER

| | |
|---|-----------------------------------|
| Physician's Name & Phone Number: | |
| Medical Insurance - Insurance Provider: | Policy Holder Name: |
| Policy Certificate or ID #: | Policy Group ID# (if applicable): |

Liability Waiver:

Although safety of the students is the number one concern of Little Language Ambassadors, I realize that parts of Little Language Ambassadors's program involve movement and motion which may result in physical injury to my child. I permit my child to participate in them and release Little Language Ambassadors, LLC, its owners, employees, instructors and staff from all liability for injury to my child from his/her participation in these programs. I also accept the responsibility for my child after class has finished or before it started within the Little Language Ambassadors's premises. Little Language Ambassadors is not liable for events out of its control such as natural disasters, environmental problems, external hazardous substances, flood, air pollution, fire, electrical outage, etc.

Parent/Legal Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by the staff at Little Language Ambassadors and/or administer emergency medical treatment. In addition, I consent to have my child be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

| | | |
|---------------------|-------------|-------|
| Parent's Signature: | Print Name: | Date: |
|---------------------|-------------|-------|