

# Authorization for Emergency Treatment of Minor Child

This document authorizes emergency medical treatment of minor child (under age 18) in the absence of parent(s) or legal guardian(s). The original completed and signed copy of this form shall be presented by (or on behalf of) the minor. Use one form for each child. *(This completed form is required before your child can be assigned a teacher.)*

## AGREEMENT

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release List*, and lastly, my physician.
4. The parent(s)/guardian(s) agree that in case of a medical emergency, the child may receive first aid and/or CPR.
5. The parent(s)/guardian(s) agree that in case of a medical emergency, he/she will be responsible for the emergency medical expenses.
6. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
7. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

Name of Child \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Spouse Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred  
Hospital Facility: \_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,

born the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child,

while said child is under the care of Beach Day staff members of Beach Day School,

City of Virginia Beach, State of VA, and I am not reasonably available by telephone to give consent.

This authorization is effective from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian, Date

\_\_\_\_\_  
Signature of Witness, Date

# **Beach Day School Student Background Information**

At Beach Day School, every choice we make – whether it’s about curriculum, daily activities, room layout or even the words we use – all are informed by our belief that **children learn through play**. As teachers and administrators, we work hard to make Beach Day a place that provides opportunities for *meaningful* play, based on each child’s individual needs, interests and abilities. This is accomplished through classroom centers, and a child-led, teacher-facilitated curriculum. Smaller class size, and a low teacher-student ratio allows our teachers to truly get to *know* every student, and to support them where they need it most. BDS also adheres to a policy of *Positive Discipline*, which means that teachers look for ways to reinforce and model kind behaviors, and discourage negative behavior while modeling respectful communication.

The Parent/Teacher partnership is crucial for the success of your child, and at Beach Day School we take that responsibility seriously. On this form, we ask that you share any information you can that might help us to know and/or support your child more effectively.

1. Please describe your child’s personality. \_\_\_\_\_

\_\_\_\_\_

2. How much interaction has your child had with children of his/her own age? \_\_\_\_\_

\_\_\_\_\_

3. What does your child enjoy? What makes him/her happy? \_\_\_\_\_

\_\_\_\_\_

4. What makes your child angry or upset? How does he/she show those feelings? \_\_\_\_\_

\_\_\_\_\_

5. Does your child use any special words or communication that we should be aware of? (For things like toileting, eating, bodily functions, etc. Or, for a beloved toy, a caregiver, comfort item?) \_\_\_\_\_

\_\_\_\_\_

6. How do you discipline your child at home? \_\_\_\_\_

\_\_\_\_\_

7. How does your child respond to the way you discipline? \_\_\_\_\_

\_\_\_\_\_

8. What are your hopes about your child’s year at Beach Day School? What do you most want him/her to learn?

\_\_\_\_\_

\_\_\_\_\_

9. Do you have any fears or concerns about your child in this year of school? If so, what are they, and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is there anything else we should know about your child that will help us to support his/her growth at BDS? \_\_\_\_\_

\_\_\_\_\_