University United Methodist Day School

3501 Patrick Street
Lake Charles, Louisiana 70605
337.478.4347 (office)
337.478.8106 (fax)
info@uumds.com

Child's Name_____ Date of Birth:_____

	Mother	*Father*
Name		
Address		
Place of Employment		
Work Phone Number		
Cell Phone Number		
Home Phone Number		
Email Address		

Childs Doctor: _____ Phone #_____
Childs Dentist: _____ Phone #_____
(a dentist MUST be listed if your child is 2 years old)

Individuals to contact in case of an emergency: (including parents)
_____ Phone #_____
_____ Phone #_____
_____ Phone #_____

Does your child have any food allergies? YES NO
(a doctor's note MUST be provided in order for us to adjust the approved Day School Menu)
Does your child have any other allergies? YES NO
Does your child have any dietary restrictions? YES NO
Please explain any "YES" answers here: (Please note: any changes to the approved Day School menu require a note from your child's physician) _____

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to the emergency contact persons listed above. (Please notify these individuals that they will be asked to show proof of identity. NO CHILD will be allowed to leave without this.)

Name	*Relationship*

I authorize the facility to secure emergency medical treatment for my child.

Parent Signature:_____ Date:_____

Summer 2020 ONLY *2020-2021 Summer/Fall-Spring* *2020-2021 Fall-Spring ONLY*

Authorization for the Application of Topical Products

Child's Name

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I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:
Yes No
( ) ( ) sunscreen
( ) ( ) insect repellant
( ) ( ) diaper rash ointment
( ) ( ) other _____
(name)

This one time authorization will remain in effect until a new authorization is signed.

_____ _____
Parent's Signature *Date*

Emergency and Evacuation
Non-Vehicular Excursion Authorization

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I, _____ understand that in the event of an emergency evacuation my child,_____, will walk with supervision to Kids Kastle, located at 3934 Common Street, Lake Charles, LA. This is the offsite evacuation center for UUMDS.

The following is a list of people that have my consent to pick up my child in the event of an evacuation. They are listed in the order of preference.

Name: (include parents)	*Phone #:*
_____	_____
_____	_____
_____	_____
_____	_____

Parents Signature:_____ *Date:_____*

CONSENT TO RELEASE INFORMATION, RECORDINGS OR PHOTOGRAPHS

I give my consent for University United Methodist Day School to release information/photographs/recording of my child _____ from which by child might be identified, except to authorized state and federal agencies.

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_____ _____

Parent's Signature ***Date***