

The Britleys for Toddlers

CHILD ADMISSION FORM

Child's Full Name: _____ DOB: _____

Home Address: _____

Street

City

State

Zip

Parent(s) Name(s): _____

First

Last

Relationship

First

Last

Relationship

Home Address: _____

Street

City

State

Zip

Home Phone

Cell Phone

Work Phone

Number to be call in case of emergency: _____

1. _____
Name

2. _____
Name

3. _____
Name

Relationship

Relationship

Relationship

Telephone #

Telephone #

Telephone #

Allergies: _____

Reason for Service: _____

Date (s) of Service: _____

Pets in the home: Yes or No (please circle one)

What is your preferred means of communication? Text Email Phone (circle one)

MEDICAL INFO:

Dr. Name: _____ Clinic: _____

Address: _____ Phone: _____

Medical Insurance Carrier: _____

Medical Insurance #: _____

DENTAL INFO:

Dentist Name: _____

Address: _____ Phone: _____

Medical Insurance Carrier: _____

Insurance Carrier: _____ Insurance #: _____

EMERGENCY CONTACT:

Person(s) to be contacted if a parent cannot be reached in an emergency:

1. _____
Name

2. _____
Name

Address

Address

Telephone #

Telephone #

I, _____, authorize The Britleys to act on my behalf in case of a medical emergency or because I cannot be reached.

Parent Signature: _____ Date: _____

I, _____, authorize The Britleys to administer medications (sunscreen lotion, insect repellents, and diaper products) per their policy.

Parent Signature: _____ Date: _____

Parent understands that The Britleys provides non-medical sick care services to sick children, ages 1 to 12. Parent authorizes the assigned caregiver to provide care for child(ren) listed above in their home. Parent authorizes the caregiver and The Britleys to use whatever emergency measures are deemed necessary, at the parent's expense, and will not hold The Britleys or its employees responsible for decisions that are made in good faith during the parent's absence in time of emergency.

Parent Signature: _____ Date: _____