



**Duke University Health System**  
 Severe Weather Child Care managed by *Bright Horizons Family Solutions*  
**Emergency Medical Treatment Consent**



Complete a separate form for *each* child using Severe Weather Child Care

I, \_\_\_\_\_, understand that every effort will be made to contact me in the event of an  
 (Print name of parent or legal guardian)  
 emergency requiring medical attention for my child \_\_\_\_\_. However, if I cannot be  
 (Print child's name)  
 reached, I hereby authorize the staff of Bright Horizons Family Solutions to secure the necessary medical treatment for my child,  
 including anesthesia. I understand that the faculty receives training in basic first aid, and I authorize them to administer first aid as  
 appropriate.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's physician information: (REQUIRED)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

**Child's health information: (REQUIRED)**

1. Is your child allergic to any medication?  No  Yes If yes, please list all applicable medication.  
 \_\_\_\_\_
2. Does your child have other allergies?  No  Yes If yes, please list all known allergies.  
 \_\_\_\_\_
3. Does your child have any physical restrictions or special needs?  No  Yes If yes, please explain.  
 \_\_\_\_\_
4. Is your child taking any medications on a regular basis\*?  No  Yes If yes, please explain.  
 \*Bright Horizons Family Solutions staff has no authorization to administer medication. Parents will be required to visit the child care site to administer medication to child(ren) as needed. Additionally, children are not to administer their medication or bring medication to the child care site for the safety of all children.  
 \_\_\_\_\_

5. To ensure your child's stay in Severe Weather Child Care is enjoyable, please provide any pertinent information about your child's personality and favorite activities. Feel free continue on the back if more space is necessary.

Personality traits: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

**Child's Physical Identification Information**

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:  Female  Male Birth marks or obvious scars: Location \_\_\_\_\_ Description \_\_\_\_\_

**Provide a copy of each child's immunization (shot) record. (REQUIRED)**  
 Attach a recent picture of your child to this form.

**ATTACH PHOTO HERE**

*Only the Site Coordinator, Bright Horizons staff, and Duke Human Resources-Staff & Family Programs have authorization to view information provided within the Pre-Registration packet and solely for the purpose of administration of the severe weather child care program and its database.*