



Medical-Immunization Form

I understand that I must provide my child's updated Medical and Immunization Records prior to the first day of school to comply with OCFS and State Regulations. CITH ECC strongly suggests using the NY State OCFS Child in Care Medical Statement, which can be found on our website or attached.

Medical Emergency

I give written permission for The Church in the Highlands ECC staff to obtain medical care for my child if he/she develops symptoms of illness or is injured while at school. _____ (initial)

If there is a serious emergency, we will call 9-1-1 and contact you immediately. We will take your child by ambulance to the nearest Hospital Emergency Room and call you to meet us there. _____ (initial)

I understand that in the unlikely case that my child develops SEVERE allergic symptoms and unexpectedly goes into anaphylaxis, Public Health Law allows the provider to administer use of an Auvi-q injector provided by the state. _____ (initial)

I also give permission to clean and apply an antibiotic ointment for minor scrapes and bruises if necessary. _____ (initial)

Child's Name: _____

Child's Class: _____

Emergency Contact Names and Numbers:

1. _____

2. _____

3. _____

4. _____

Signature of Parent/Guardian: _____

Date: _____