



Food/Medical Conditions Form

Childs Name: _____

My child has "NO KNOWN ALLERGIES"

My child "HAS ALLERGIES"

Please make note of any food allergies that your child may have:

If your child has an allergic reaction, please provide special instructions as to treatment of reaction:

Please make us aware of any medical conditions or accommodations your child might need:

Parents I approve to pick up my child (including primary person who is picking up/dropping off)

ADULT NAME _____ PHONE NUMBER _____

ADULT NAME _____ PHONE NUMBER _____

ADULT NAME _____ PHONE NUMBER _____

ADULT NAME _____ PHONE NUMBER _____

I do hereby grant my authorization and consent for SKYHOOK FITNESS INC. (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening, I authorize the Designated Adult to perform/summon any and all professional emergency personnel to attend, transport, and treat the minor Including ambulance transportation. I agree to assume financial responsibility for all expenses of such care.

If your child does require medication during the duration of childcare please fill out and submit this form

Child Care Facility Authorization for Prescription and Non-Prescription Medication No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian. Parent/Guardian

Child's Name:

List of medications & Directions for Use:

Dates/Times when medication is to be administered:

****All medications bottles/containers must include:**

A label with the child's name

Name of the medication

Dosage Amount

Doctor's name & Phone #

Instructions for Use

This authorization form must be maintained and is only valid for the duration of the prescription. I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Guardian

Signature Date