

**Town of Middleton  
Before School Day Care Program  
2011 -2012**

**Medical**

**Student** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Does your child have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please indicate** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any allergies or medical conditions we need to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please indicate** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have a chronic disease or other health problems? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please indicate** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child taking any medications? Yes \_\_\_\_ No \_\_\_\_ if yes, please indicate** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Release**

**Doctor's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**I give my permission to the Middleton Before School staff to make whatever emergency (i.e.: first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Before-School program. In cases of a medical emergency, I understand that my child will be transported to \_\_\_\_\_ by the local emergency unit for treatment if the local emergency resource (Police, rescue squad) deems it necessary. It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.**

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_