

# PEAK CHILD CARE AGREEMENT

*St. Irene School*

*Warrenville, Illinois*

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone \_\_\_\_\_

Person Authorized to Pick Up Child \_\_\_\_\_

Phone \_\_\_\_\_

**Restraining Order** in force? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Person: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address of Physician \_\_\_\_\_ City \_\_\_\_\_

Hospital Preference \_\_\_\_\_

+++++

Dates and Times of Care \_\_\_\_\_

1. Does child have any medical condition necessitating dietary supplements or restrictions, medications or avoidance of allergies? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are Immunization Records current? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is there a Health Exam Form on file? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are there any restrictions on normal physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please specify: \_\_\_\_\_

+++++

1. A child who appears ill upon arrival at PEAK shall not be allowed to stay in PEAK.
2. At time of registration, parents should authorize the child's physician to accept calls from the PEAK caregiver for any emergency or medical care.

+++++

I hereby authorize St. Irene School to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. If the above named physician cannot respond, I authorize any licensed physician or medical center to treat my child.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date