

MEDICAL REGISTRATION FORM

Child's Name: _____ Parent/Guardian Name: _____

In case of an emergency, I give permission for anyone listed as an authorized adult in my registration to be contacted and my child may be released to them:

Parent/Guardian Signature: _____ Date: _____

Date of Child's Last physical: _____

Child's Health Care Provider and phone number: _____, () -

Street address of provider: _____

Child's Dentist and phone number: _____, () -

Street address: _____

We are required to have on file every child's immunization forms. Please follow the link provided to print out and provide us with their information.

Child's Medical Insurance Coverage

Insurance company name: _____ Member/Policy Number: _____

Policy Holder Name: _____ Employer Name: _____

Insurance company name: _____ Member/Policy Number: _____

Policy Holder Name: _____ Employer Name: _____

Consent to Medical Care and treatment of a minor.

I give my permission that my child, _____, may be given first aid/emergency treatment by qualified staff at *Discovery Playtown* at 26545 Maple Valley-Black Diamond Rd, SE, Suite K-150, Maple Valley, WA 98038.

Parent/Guardian Signature: _____ Date: _____

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature: _____ Date: _____