

### Medical Release:

I hereby give consent to Country Children's House to administer first aid; authorize necessary emergency treatment at a nearby emergency hospital, and/or authorize a medical doctor to examine or treat the mentioned child while he/she is in attendance at Country Children's House. I agree to accept the financial responsibilities for any cost incurred in the treatment of any illness, accident or injury of the named minor. I give my permission for my child to take part in all school activities including sports and release the school from any liability to me or my child because of injury to my child at school.

Child's name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please indicate any allergy information below.\*\*\*

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### CCH Directory

\_\_\_\_ No, I do not want my information printed in the directory.

\_\_\_\_ Yes, Please print my information in the directory as indicated below.

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

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_