

My child is enrolled in the following:

MI CHILD Healthy Kids Private Insurance NO Insurance

Enrollment Date:

Name and Address of Child's Physician or Health Clinic		Phone Number
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number	
Allergies, If Any	Date of Last Tetanus Shot	<input type="checkbox"/> on file with school

MY CHILD, _____,

- is healthy and free from health conditions which could pose a risk to other children or adults.
 - has his/her immunizations up-to-date and has current immunization records on file with Union City Schools.
 - has no limitations or special needs regarding participation in daily activities
 - has a health or handicapping condition which could pose a risk to my child in care and have listed the limits of participation and any special needs or treatment while in care:
- OR**

I give permission to **Community Unlimited/ BLAST**, licensed by the Department of Consumer and Insustry Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

FIELD TRIPS:

- I hereby give my permission to **Community Unlimited/BLAST** for my child to attend and be transported in a vehicle to field trips.
- I give my consent for my child to participate in swimming activities in which a certified lifeguard is on duty. I hereby expressly waive any claim for injury or damage to such child arising out of such activity and expressly agree to hold the Community Unlimited/BLAST program, its employees, and volunteers harmless.

Signature of Parent or Guardian

Date Signed

AUTHORIY: Act 116 of PA1973.

1. I understand that I am committing myself to participation in the BLAST program.
2. I understand that I am responsible for field trip fees. However, if financial help is needed, I understand I am to contact the program director.
3. I understand that my child will not be released to any person not listed on the child record form unless authorized in writing.
4. If I (or my child) have any concerns about the BLAST program, I will arrange to speak with the Program Director.
5. The BLAST program reserves the right to recommend alternative childcare arrangements if it is determined that placement in our program is not suitable for the child's needs. If a child is endangering other children, removal will be necessary.
6. I have read and agreed to all the policies and fee procedures outlined in the BLAST handbook including the discipline policy that this day care will be using for my children. Handbook can be found on www.communityunlimited.org or you can request a copy from the site director.
7. I understand that the BLAST staff will be in contact with my child's teacher regarding assistance with BLAST program goals.
8. I understand any information given to BLAST will be kept confidential.

Community Unlimited has my permission to collect information and data, including my child's grades for the purposes of program evaluation and funding.

I hereby consent that photographs, motion picture or videotape, and/or audio recordings made of my child's voice may be used by Community Unlimited/BLAST in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Community Unlimited, and they shall have the right to and make uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature of Parent or Guardian

Date Signed