

# Tender Learning Care



Dear Parent;

If you are leaving your child with us **Today**, please fill in this sheet before you leave and give it to the teacher. This will give us the information necessary to provide for the safety and well being of your child in the event of any unusual occurrences.

Please fill in the rest of the forms at your convenience and return them by the beginning of next month, or when our service for your child begins.

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

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Work Phone - Mother \_\_\_\_\_ Father \_\_\_\_\_

## Consent for Emergency Medical Treatment

I give the teachers at Tender Learning Care permission to provide for emergency medical or dental care prescribed by a licensed physician (MD or dentist (DDS)). This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. My child has the following

MEDICAL ALERGIES: \_\_\_\_\_

Signed: \_\_\_\_\_, parent or legal guardian

of (child's name) \_\_\_\_\_ Date \_\_\_\_\_

Is there anything else you would like us to know about your child before you return the completed application package, such as allergies or food restrictions?

No \_\_\_\_ Yes: \_\_\_\_\_

(530) 756-5351  
Child Care at Stonegate - 1818 Lake Boulevard, Davis, California