



UDCC Address: 5031 University Wy NE • Phone: (206) 632-5189 • Email: director@udcckids.org

Photo Consent

From time to time photographs will be taken of children enrolled at University District Children's Center to accompany new and periodical articles about the Center for brochures, and for display within the Center.

My child _____ may may not be included in publicity photos.

Emergency Treatment Consent

I hereby give permission for my child _____ to be given emergency treatment by a qualified staff member of University District Children's Center. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be reached, I give the Director (or person acting as Director in his/her absence) permission to transport my child by taxi to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, hospital treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Medical Care Information:

Preferred Physician: _____ Phone: _____

Address: _____

Date your child was last seen by his/her physician: _____

Reason for visit: _____ Date of last Tetanus shot: _____

Allergies & Reactions: _____

Developmental issues: _____

Current health problems/issues: _____

Past health problems/issues: _____

Preferred Dentist: _____ Phone: _____

Address: _____

Date your child was last seen by his/her dentist: _____

Reason for visit: _____

Preferred Hospital: _____ Phone: _____

Address: _____

Neighborhood Field Trip Consent

I hereby give permission for my child _____ to participate in University neighborhood field trips. I understand that neighborhood field trips will be limited to travel within the University District and exclusive of motor vehicles.

Parent Signature: _____

Date: _____