



# Wee Folk Room Medical and Registration Form

<b>CHILD'S NAME</b>	<b>Male</b>	<b>Female</b>	<b>Birthdate</b>	<b>Age</b>
<b>DIAPER CHANGING POLICY (please initial)</b> <input type="checkbox"/> Yes, I give permission for the Wee Folk Room Staff to change my child's diaper <input type="checkbox"/> No, I decline at this time ( <i>I understand that should needed the staff will come get me to change my child</i> )				
<b>Mother's Name</b>	<b>DOB</b>	<b>Phone (h)</b>	<b>(c)</b>	<b>email</b>
<b>Father's Name</b>	<b>DOB</b>	<b>Phone (h)</b>	<b>(c)</b>	<b>email</b>
<b>Other/Guardian</b>	<b>DOB</b>	<b>Phone (h)</b>	<b>(c)</b>	<b>email</b>
<b>Child's Address</b>	<b>City</b>		<b>State</b>	<b>Zip</b>

<b>IN CASE OF AN EMERGENCY SPECIFY AUTHORIZED PERSONS TO PICK UP YOUR CHILD (Other than Parent or Guardian) They must live within 30 minutes of Dublin.</b>				
Name	Relationship	Phone	City	
1.				
2.				
3.				

The City of Dublin's Park and Recreation Services promotes an inclusive policy for all of our programs. Should your child need an accommodation, an appointment must be made for an inquiry of needs in order to provide the best overall experience for your child.

Contact Meaghan Campbell, Adaptive Recreation Coordinator, at 614.410.4574 to make an appointment.

An accommodation plan must be completed prior to your child's registration in the Wee Folk room.

<b>Any Prescriptions or Medications</b>	<b>Are all Immunizations and Boosters up to date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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In the event of reasonable attempts to contact the authorized persons have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by emergency medical squad Dr. \_\_\_\_\_ (preferred physician), or, in the event the designated practioner is not available, by another licensed squad, physician, or dentist, and the transfer of the said child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed

I have read the above statements and all of the policies of The Wee Folk Room and promise to abide by them.	
<b>Parent/Legal Guardian</b>	<b>Date:</b>