



# Health and Medical History

Date: \_\_\_\_\_

The information on this form is confidential and helps us provide the best care for your child. Some information (like ethnicity) is requested for funding reporting purposes. You and your child's information will remain confidential at all times, but as a condition of funding, CLC is required to provide data points such as gender, disability, and ethnicity. We appreciate your help in providing this information. Please notify CLC staff if there are changes to this form.

Child's name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Student School ID#: \_\_\_\_\_

### Student Contact Information:

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Gender:  Male  Female  
Ethnicity:  Asian/Pacific Islander  Black/African American  White/Caucasian  
 Latino/Hispanic  Native American  Multi-ethnic, please specify: \_\_\_\_\_

Child lives with:  Mother  Father  Both: Together  Both: Separately  Other: \_\_\_\_\_

1<sup>st</sup> Parent's/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
2<sup>nd</sup> Parent's/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Additional Contacts – If the above are unreachable these will be contacted in case of child illness/behavior

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies (Medication, food, animals, other)	Reaction and management of reaction
_____	_____
_____	_____
_____	_____

### Medical Treatment while at CLC:

The following over-the-counter medications are used at CLC under the recommendation of CLC's overseeing physician and nurse. Feel free to cross out any products that you do not want your child to have.

I give permission for the following medications to be administered for common ailments:

- |         |          |             |                 |                        |
|---------|----------|-------------|-----------------|------------------------|
| Tums    | Lip Balm | Cough Drops | Bee sting swabs | Benadryl, 25mg & cream |
| Tylenol | Advil    | Sunscreen   | Aloe Vera gel   | Antibiotic cream       |

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Ophthalmologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_



Health History

Vision Impairment

Diagnosis: \_\_\_\_\_

Low Vision (20/60 – 20/200)  Legally Blind (20/200 or worse with best correction in best eye)  Blind (light only)

If low vision or legally blind; acuity with best correction Near \_\_\_\_\_ Far \_\_\_\_\_

Reading Medium:  Non Reader  Large Print  Braille  Audio

Mobility:  No Devices  Cane  Modified Cane/Walker  Non Mobile

Additional Information

Diet:  Regular  Feeding Tube  other (please explain) \_\_\_\_\_

Lavatory:  No assistance required  Some assistance required  Requires diaper with full assistance

No Additional disabilities and on grade/age level  No additional disabilities and NOT on grade level

Additional disabilities (please explain): \_\_\_\_\_

One-to-one adult assistance required  Some assistance required  No assistance required

Please note: CLC does not allow peanuts and/or peanut based products for snacks and meals. CLC does provide programs with animal interactions. Please make sure your responses are thorough and detailed.

Please provide additional information about the participant, include general behavior; physical, emotional, or mental health; activities child should be exempt from for medical reasons; and dietary or other restrictions.

Immunizations – give month/year of the last immunization/booster or attach a copy of the official record:

\_\_\_\_ Tetanus      \_\_\_\_ Measles/Mumps/Rubella      \_\_\_\_ Hepatitis A      \_\_\_\_ Meningitis  
\_\_\_\_ Chicken Pox      \_\_\_\_ Diphtheria/Pertussis (DtaP/DT)      \_\_\_\_ Hepatitis B      \_\_\_\_ Other/Specify:

Insurance Information – Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier/Plan Name: \_\_\_\_\_ Group#: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Student Social Security # \_\_\_\_\_ "Please provide insurance card"

Authorization to Provide Necessary Treatment or Emergency Care

I hereby give permission to medical personnel selected by CLC staff, to order x-rays, routine tests, or other treatment; to release any records necessary for insurance purposes; to release a diagnosis and prescription to CLC staff; and to provide or arrange any necessary related transportation for my child. If I cannot be contacted, I hereby give permission to the physician selected by CLC to secure and administer treatment, including hospitalization. This completed form may be photocopied for programs outside of CLC's center. Both sides of this form are correct and complete as far as I know, and the person herein described has permission to engage in all CLC activities except as noted on this form.

Parent/Guardian's Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization To Release Form

This document identifies people who are authorized to pick-up and/or be contacted regarding the below-named child. Persons listed on this form are understood to be contacts for Children’s Learning Center (CLC) to use while your child is in the care of CLC, and able to be contacted to pick-up the child as needed (due to illness, behavior, or at the end of the session). The person dropping off/picking up the child must sign them in and out. A CLC staff member must witness the signature. Only authorized adults listed on this sheet may pick up children from CLC. Photo identification may be required at pick up, for your child’s safety.

This form is valid for all programs and day camps through the 2020-21 school year. Please notify Children’s Learning Center if there are any changes to this form 702.735.6223.

### Childs Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Child lives with:

Mother  Father  Both: Together  Both: Separately  Other: \_\_\_\_\_

I authorize the following adults to pick-up my child from CLC as necessary should he/she need to leave CLC early due to illness, injury, or behavior, and at the end of the session. I have informed them that they are listed here and might be contacted.

Children’s Learning Center will only release participants to adults listed here, regardless of their relationship to the child, or being listed on another form. Therefore, please make sure to list all appropriate guardians, parents, relatives, and friends. Please be attentive to when your child’s program ends and have an adult, listed here, scheduled to pick him/her up.

### **Additional Contacts** – *If the above are unreachable these will be contacted in case of child illness/behavior*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My child takes Paratransit. Paratransit ID#: \_\_\_\_\_

The above-listed people have my permission to pick-up my child from Children’s Learning Center.

I hereby give permission to Children’s Learning Center to arrange/provide any necessary program-related transportation for my child (e.g. specialty day camp day-trip transportation). Parents will be notified in advance of all field trips and may be given the option of drive their child.

Parent or Guardian (Print Name) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENERAL RELEASE AND ASSUMPTION OF RISK  
FOR CORONAVIRUS / COVID-19**

**Read Carefully Before Signing**

**This Agreement Includes a Release of Liability, an Assumption of Risk,  
and a Waiver of Legal Rights.**

COVID-19 is a highly contagious disease caused by the novel coronavirus that may be spread through person-to-person contact, respiratory droplets, and surface contamination. It may result in lasting adverse health effects and even be fatal to some infected persons. Federal, state, and local agencies are recommending various preventative measures to slow the spread of COVID-19. These recommendations continue to evolve as agencies learn more about the disease.

Nevada Blind Children's Foundation (NBCF) and Children's Learning Center (CLC) takes the health and safety of its students seriously. It has adopted preventative measures consistent with the recommendations of the Centers for Disease Control and Prevention and the State of Nevada Department of Health and Human Services to reduce COVID-19 transmission, which are found in NBCF/CLC's **COVID-19 & Communicable Disease Policies and Procedures**. Even with these preventative measures, there is an inherent risk that Minor may become infected with COVID-19 by being on campus and/or having face-to-face interactions with other members of the NBCF/CLC community. Similarly, there is an inherent risk that persons in contact with Minor may become infected with COVID-19 from Minor, including Minor's parent/guardian and members of Minor's household.

I hereby acknowledge receipt of NBCF/CLC COVID-19 & Communicable Disease Policies and Procedures. As a condition of Minor enrolling in and attending NBCF, I acknowledge that I have read the Covid-19 & Communicable Disease Policies and Procedures, that I have reviewed them with Minor, and that I, on behalf of myself and Minor, agree to comply with the policies and procedures set forth therein.

By signing below, I acknowledge and assume the risk of 1) Minor contracting COVID-19 while enrolled in NBCF/CLC, and 2) persons in contact with Minor contracting COVID-19 from Minor, including me and members of my and/or Minor's household. Further, to the maximum extent allowed by law, I, do for myself, and on behalf of Minor, release, indemnify, and hold harmless NBCF/CLC, including its directors, employees, volunteers, agents, and affiliates, from any cause of action, loss, cost, claim or expense, including but not limited to injury, illness, death or damage ("Claims"), arising out of any exposure to the novel coronavirus and/or COVID-19. **I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of NBCF/CLC, its directors, employees, volunteers, agents, and affiliates.**

I represent and acknowledge that I am Minor's parent and/or legal guardian, and I have the legal authority to sign this on behalf of myself and Minor.

Name of Minor: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Personal Release Minor

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

I hereby grant to Nevada Blind Children's Foundation (NBCF) and Children's Learning Center (CLC), and others working for NBCF/CLC or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by NBCF/CLC, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.

I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on NBCF/CLC to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by NBCF/CLC.

NAME OF PARTICIPANT (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Release for Minors (those under the age of eighteen): I, the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent. DATE \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN (print) \_\_\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_

PARENT/LEGAL GUARDIAN EMAIL \_\_\_\_\_