



Medical Competency Statement

I, _____, have determined that Lord's Lambs is competent to give or apply medication to my child, _____.

Parent Signature Date

Parent Signature Date

Child's Health Information

Primary Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Hospital preference _____

Current health status or any health concerns _____

Allergies (please list) _____

In the event that I cannot be reached to make arrangements, I hereby give consent to Lord's Lambs Child Care Center to contact Dr. _____ and if necessary, get transport to the above listed hospital. I agree to be responsible for the cost of such assistance and/or treatment.

Parent Signature Date

Parent Signature Date

Director Signature Date