



Boys & Girls Club  
 115 Williams Avenue  
 East Providence, RI 02914  
 Tel 401-434-6776  
 Fax 401-431-1106  
 www.epbgc.org

**CHILDCARE PROGRAM  
 PARENT AUTHORIZATION FOR EMERGENCY TREATMENT**

In consideration of admittance, I \_\_\_\_\_ hereby authorize the Boys & Girls Club of East Providence to arrange for medical examination and/or treatment of my child, \_\_\_\_\_, should an emergency arise while in the Childcare Program or on a field trip. It is understood that every effort will be made to contact at the emergency numbers, provided below, before any medical action is taken. If the need arises, I would prefer that my child be taken to \_\_\_\_\_ Hospital. (Choice of hospital may be limited by local rescue service.)

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list medication: \_\_\_\_\_

Is your child allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list medication: \_\_\_\_\_

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

Health Insurance: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

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Mother/Guardian Signature Home Phone Work Phone

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Father/Guardian Signature Home Phone Work Phone

Relatives or other persons to contact in an emergency:

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Name	Phone	Relationship to child
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Name	Phone	Relationship to child
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BEFORE/AFTER SCHOOL CHILDCARE – KINDERCARE

PREADMISSION IMMUNIZATION RECORD AND HEALTH EXAMINATION

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

VACCINE	MONTH/DAY/YEAR ADMINISTERED				
DTP					
POLIO					
MMR					
HIB					
HBV					

**DTP:** Diphtheria, Tetanus, Pertussis

**MMR:** Measles, Mumps, Rubella (second dose required before 13 years of age or entry to 7<sup>th</sup> grade)

**HIB:** Haemophilus b Conjugata Vaccine (Hib vaccine is given as either a 4 dose schedule or a 3 dose schedule, depending on the type of vaccine used)

**HBV:** Hepatitis B Vaccine (recommended)

Tuberculin skin test: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Lead screening test: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Date of rescreening: \_\_\_\_\_

Health examination: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Does your child have any conditions or limitations which a caregiver should be aware such as allergies, seizures etc.? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date



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## FIELD TRIP PERMISSION FORM

I give my child, \_\_\_\_\_ permission to go to an area park, with a staff member, for outdoor athletic and recreational activities. These parks may include Pierce Field, Hull Street, Silver Spring, or Kent Field.

I give my child, \_\_\_\_\_ permission to walk to Central Avenue playground, with a staff member, for outdoor activities.

I give my child, \_\_\_\_\_ permission to attend schedule field trips as part of the Kindercare and After School Childcare Programs. I realize that if there is a fee involved, I may be expected to defray the cost of the trip.

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Parent/Guardian Signature

Date



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OF EAST PROVIDENCE

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## **POLICIES AND PROCEDURES AGREEMENT**

I have read the parent handbook and understand the policies of the Boys and Girls Club of East Providence. I have read and understand the policies regarding guidance and discipline, the administering of medications, inclement weather, and payment of fees.

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Parent/Guardian Signature

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Date