

Duniway All Stars Child Care  
7700 SE Reed College Place, Room 5  
Portland, OR 97202  
(503)774-9963  
[www.daschildcare.org](http://www.daschildcare.org)

INFORMATION AND AUTHORIZATION FORM

*(Please Note: We cannot accept incomplete forms.)*

CHILD'S Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Nickname \_\_\_\_\_ Child's Age at Entry \_\_\_\_\_ Today's Date \_\_\_\_\_

PARENT/Guardian Name \_\_\_\_\_ Phone Number #1 \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
Email Address \_\_\_\_\_ Additional Contact Info \_\_\_\_\_

PARENT/Guardian Name \_\_\_\_\_ Phone Number #1 \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
Email Address \_\_\_\_\_ Additional Contact Info \_\_\_\_\_

SIBLINGS of Child

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

OTHERS Living in the Home

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

EMERGENCY Contact Person: *(If we are unable to reach parents, this person must be in the Portland area, and must have permission to pick up the child without additional authorization)*

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone Number #1 \_\_\_\_\_ Phone Number #2 \_\_\_\_\_

ADDITIONAL ADULTS *(Have permission to pick child up without prior authorization):*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

List all known or suspected food allergies \_\_\_\_\_

List all known or suspected allergies related to medications \_\_\_\_\_

Date of last tetanus shot (*Please specify*) \_\_\_\_\_ Has your child had chicken pox? \_\_\_\_\_

Does your child take any medications on a regular basis? (*Please list medications and describe condition.*) \_\_\_\_\_

Are there health considerations or treatment restrictions that should be noted here? \_\_\_\_\_

Are there injuries, medical conditions, or problems that warrant restricting the child's activity? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have a current Individualized Education Plan (IEP) or Section 504 Plan? \_\_\_\_\_

Child's Physician (*Please specify*) \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist (*Please specify*) \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference (if any) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy ID/Group Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Yes  No In an emergency DAS has my permission to call an ambulance or a taxi and take my child to any available physician or hospital at my expense.

Yes  No In an emergency, DAS has my permission to obtain medical treatment for my child.

Yes  No DAS has my permission to give medication under Parent or Physician direction.

Yes  No My child may be taken on field trips and walks under proper supervision.

Yes  No My child may have his/her photograph taken for news, publicity, and social media purposes.

(Note: Names will not be used without specific permission)

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

As parent/guardian of \_\_\_\_\_, (birthdate \_\_\_\_\_), I hereby authorize Duniway All Stars Child Care Program, located at 7700 SE Reed College Place, Portland, Oregon, 97202 (Phone number 503.774.9963) to consent to emergency medical or urgent medical or surgical treatment of above named child when a parent or legal guardian cannot be reasonably located when the child is brought in for treatment. This authorization will be effective as of \_\_\_\_\_ and will expire in one year.

Special Notes or Comments: \_\_\_\_\_

*By typing your name here, you are agreeing to the above terms.*

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

\_\_\_\_\_  
Date

\*\*\*This form has two pages. Please complete both.\*\*\*