



**MEDICAL INFO:**

Dr. Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Medical Insurance #: \_\_\_\_\_

**DENTAL INFO:**

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance #: \_\_\_\_\_

**EMERGENCY CONTACT:** Person(s) to be contacted if a parent cannot be reached in an emergency

1. _____	2. _____
Name	Name
_____	_____
Address	Address
_____	_____
Telephone #	Telephone #

I, \_\_\_\_\_ authorize Under The Weather to act on my behalf in case of a medical emergency or in the event I cannot be reached.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize Under The Weather to administer medications (sunscreen lotion, insect repellents) per their policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize Under The Weather to administer ipecac syrup, in case of poisoning.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent understands that Under the Weather is a facility providing services to sick children. Under the Weather will comply with the requirements of Minnesota law to segregate children with potentially communicable diseases in order to reduce the likelihood of exposing children to others. However, Parent understands that despite such efforts, their child may be exposed to others with communicable diseases and specifically assumes the risk, and waives any and all claims against Under the Weather arising out of or related to their child's exposure to others with communicable diseases, even if such exposure is the result of the negligent acts or omissions of Under the Weather.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_