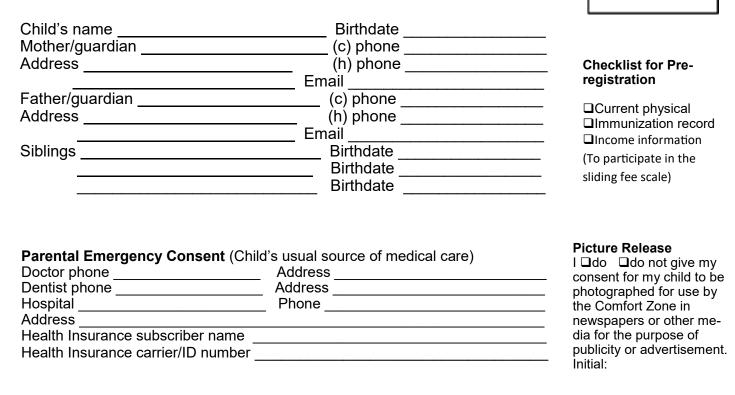
The Comfort Zone

2623 Bruner Drive Ames, Iowa 50010

Phone: (515) 294-3333 Fax: (515) 294-7156

Email: czone@iastate.edu

Parent/Guardian Contact Information:



Special conditions, disabilities, allergies or medical information for emergency situations

- A. The Comfort Zone staff will be authorized to access emergency medical, dental and/or surgical care for my child.
- B. Local EMT staff/first responder staff (ISU Dept. of Public Safety, City of Ames police and/or firefighters) have my consent to provide medical/dental/surgical treatment as necessary.
- C. The Comfort Zone staff will arrange for emergency transportation to the hospital of my choice or the nearest emergency medical facility, if necessary.
- D. I agree to pay all costs and fees contingent on any emergency medical, dental and/or surgical treatment for my child as secured or authorized under this consent.

Parent Handbook Agreement

I agree to abide by the policies as outlined in the Comfort Zone Parent Handbook. (Ask for a copy if you don't have one.)
Initial:

Pick-up Permission

The following people have my permission to pick up my child. I understand it is my responsibility to notify the Comfort Zone, in writing, of any changes. Photo ID required for any person picking up a child that is unknown to staff.

A. Name	B. Name		
Phone	Phone		
Relationship to child R	elationship to child	_	
Parent/Guardian	•	Date of signature	
(signature of agreemer	nt and consent)		