

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:

Child's name _____	Birthdate _____
Mother/guardian _____	(c) phone _____
Address _____	(h) phone _____
_____	Email _____
Father/guardian _____	(c) phone _____
Address _____	(h) phone _____
_____	Email _____
Siblings _____	Birthdate _____
_____	Birthdate _____
_____	Birthdate _____

Checklist for Pre-registration

- Current physical
 - Immunization record
 - Income information
- (To participate in the sliding fee scale)

Parental Emergency Consent (Child's usual source of medical care)

Doctor phone _____	Address _____
Dentist phone _____	Address _____
Hospital _____	Phone _____
Address _____	
Health Insurance subscriber name _____	
Health Insurance carrier/ID number _____	

Picture Release

I do do not give my consent for my child to be photographed for use by the Comfort Zone in newspapers or other media for the purpose of publicity or advertisement.
Initial: _____

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 _____	Relationship to child _____
Parent/Guardian _____	Date of signature _____

(signature of agreement and consent)