

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: _____

Parent legal name: _____ (c) phone: _____

Address: _____ (h) phone: _____

_____ Email: _____

ISU Student ISU Staff UCC Staff Community

Parent legal name: _____ (c) phone: _____

Address: _____ (h) phone: _____

_____ Email: _____

ISU Student ISU Staff UCC Staff Community

Siblings: _____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

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

Doctor name: _____ Phone: _____

Address: _____ Fax: _____

Dentist name: _____ Phone: _____

Address: _____ Fax: _____

Hospital: _____ Phone: _____

Address: _____

Health Insurance subscriber name: _____

Health Insurance carrier/ID number: _____

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.

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: _____

Phone: _____

Relationship to child: _____

B. Name: _____

Phone: _____

Relationship to child: _____

Parent/Guardian _____ Date of signature _____

(signature of agreement and consent)

Pre-registration Checklist:

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

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/advertisement.

Initial: _____

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: _____