



CHILD CARE INFORMATION & CONSENT FORM
for USAAA 2006 Conference, August 9-12,
The Yarrow Resort Hotel and Convention Center

Child's Full Name _____ Nickname _____

Birth Date: _____ Date of Enrollment _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____

Mother's Full Name _____

Mother's Address: _____

City _____ State _____ Zip Code _____

Mother's Home Phone _____

Mother's Employer _____

Employer's Address _____ City _____ State _____

Mothers Occupation: _____

Work Phone: _____ ext. _____ Pager or Cell # _____

Father's Full Name: _____

Father's Address _____

City _____ State _____ Zip Code _____

Father's Home
Phone_____

Father's
Employer_____

Employer's
Address_____City_____State_____

Father's
Occupation:_____

Work Phone:_____ ext.____ Pager or Cell #_____

(Next Section Fill out only if applicable)

Parents are: Married /Divorced / Separated /Widowed /Single

Emergency Contact's and Persons Authorized to remove child from home

Primary Emergency Contact (other than parents/guardian):
Name_____

Home Phone:_____ Work Phone:_____

Emergency Contact
Address_____City_____State_____

Relationship to
Child:_____

Secondary Emergency Contact(other than parents/guardian):
Name_____

Home Phone:_____ Work Phone_____

Second Emergency contact
address:_____City_____State_____

Relationship to
Child_____

Person(s) authorized to pick up my child (Besides parents/guardians or emergency
contacts:

#1_____

#2_____

#3_____

(With prior notice from parent/guardian and proper ID only)

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by [Day Care provider for the USAAA 2006 Conference](#). I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian Signatures: _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians

Signatures: _____

Date: _____

US Autism and Asperger Association, Inc., The Yarrow Resort Hotel and Conference Center, and the Day Care provider(s) will not be responsible for paying for the child's health care.

1. Child's Physician: _____

Phone: _____

2. Preferred Hospital: _____

Phone: _____

3. Insurance Company: _____ Policy # _____

4. Regular

Medications: _____

5. Blood Type: _____

6. Medicine allergic

to: _____

7. Food

Allergies: _____

8. Any other

Allergies: _____

9. Any special health

conditions: _____

10. Does your child have a gluten free casein free (GFCF) or vegetarian diet.

STATEMENT OF CONSENT

In consideration of my child(ren) _____,
receiving child care at said event, I agree to the guidelines governing care
at the USAAA 2006 Conference, August 9-August 12, 2006. Furthermore, I
agree to indemnify and hold harmless US Autism & Asperger Association,
Inc., any and all affiliate organizations, its employees, agents,
representatives and volunteers from any and all claims my child may have,
excluding claims for intentional misconduct or gross negligence, arising
from or related to my child(ren). My child(ren) has the following medical
condition(s) and/or allergies about which the child care provider should be
told.

Signatures:

Provider: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian _____ Date: _____

**(I understand that this is a legally binding document, and have read it and
understand it)**

**Fax or return completed Information & Consent Form by July 23, 2006 to:
USAAA, Child Care
P.O. Box 532
Draper, UT 84020-0532
Fax: 866-226-4056
Phone: 801-649-5752**