

**EXHIBIT J-j**

**CHILD CARE AGREEMENT**

**Parish/School/Entity**

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name to contact  
in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Name of person authorized  
to pick up child \_\_\_\_\_ Phone \_\_\_\_\_

- 1. Does child have any medical condition necessitating dietary supplements or restrictions, medication or avoidance of allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

- 2. Known allergies

\_\_\_\_\_

- 3. Are there any restrictions on normal physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

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- 1. A child who appears ill upon arrival shall not be admitted.
- 2. At the time of registration, the parents should authorize the child's physician to accept all calls from the child care director for any emergency medical care.

*I hereby authorize*

\_\_\_\_\_ to take my  
child to above named physician or facility for medical treatment in the event an  
emergency in which neither parent can be reached. If the above named physician cannot  
respond, I authorize any licensed physician or medical center to treat my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.**