

KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER
A Ministry of Kingwood Church

Medical Procedure Authorization

Child's Name: _____ Teacher: _____ Date of Birth: _____

Medical Procedure: Assessing temperature Start Date: _____ End Date: _____

Reason for procedure: A part of health assessment

I hereby give permission for my child (_____) to be receive the above medical procedure.
 (Child's Name)

This medical procedure is being performed at my request and in accordance with form DHR-CDC-1949 from DHR.

Parent's Signature: _____ Date: _____

*** Please refer to the sign in and out book for time of arrival and temperature assessment time.

	TIME	SIGNATURE	TIME	SIGNATURE	TIME	SIGNATURE
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

School Year 2020/2021

NURSE APPROVAL TO FILE AS OF: _____
 (Date) (Nurse Initial)