“Where Little Patients Get Big Attention and Parents Get Peace Of Mind”

NINAL Care | Get Well Care 4 Kidz™

Studio – Pearland

“Same Day Sick Stay – The NINAL Way”

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🌐 **www.getwellcare4kidz.com**

Welcome Letter

Welcome to NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland

Our mission is to provide safe, compassionate, and professional sick-day care for children ages 2 months to 10 years old.

We understand that when your child is under the weather, balancing work and care can be stressful. Our studio is designed to give your child a comfortable, supervised space to rest and recover while you attend to your daily responsibilities.

This enrollment packet contains important forms, policies, and consents that ensure your child's safety and wellbeing during their time with us.

Thank you for trusting me with your child's care.

– Dr. Lanin Reviere Buford

Owner, Founder and Provider of NINAL Care GET WELL CARE 4 KIDZ LLC

Child Enrollment Form

Child's Full Name: _____
Date of Birth: ___/___/____ Age: _____
Home Address:
_____

Parent/Guardian 1 Name: _____
Phone: _____ Email: _____

Parent/Guardian 2 Name: _____
Phone: _____ Email: _____

Emergency Contact (other than parents):
Name: _____ Phone: _____
Relationship: _____

Authorized Pick-Up Persons (with Photo ID required):
1. _____
2. _____

Parent/Guardian Signature: _____ Date: ___/___/____

Health & Medical History

Primary Care Physician: _____
Phone: _____

Hospital Preference: _____

Health Insurance Provider: _____
Policy #: _____

Allergies: _____
Chronic Conditions: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Other: _____

Current Medications: _____
Immunizations Up to Date? ☐ Yes ☐ No

Please provide up to date immunization record; if child **not up to date** with vaccines or **not vaccinated** they **WILL NOT BE PERMITTED TO ATTEND GET WELL CARE 4 KIDZ** until vaccines up to date.

Parent/Guardian Signature: _____ Date: ___/___/____

Emergency Medical Treatment Authorization

I hereby authorize NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland staff to administer basic first aid and, if necessary, call 911 and authorize emergency transport for my child.

Every effort will be made to contact me immediately, but if I cannot be reached, I authorize medical treatment at the nearest hospital.

Child's Name: _____
Parent/Guardian Name: _____
Signature: _____ Date: ___/___/____

Medication Administration Consent

I authorize staff at NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland to administer the following medications as prescribed:

Medication: _____ Dosage: _____
Time/Frequency: _____
Special Instructions: _____

Medication: _____ Dosage: _____
Time/Frequency: _____
Special Instructions: _____

Medication: _____ Dosage: _____
Time/Frequency: _____
Special Instructions: _____

Medication: _____ Dosage: _____
Time/Frequency: _____
Special Instructions: _____

☐ I authorize over-the-counter medications (Tylenol, Motrin, Benadryl) if needed.
☐ I do not authorize over-the-counter medications.

Parent/Guardian Signature: _____ Date: __/__/____

Illness Care Agreement

Children must meet admission criteria (non-critical illnesses only).

Children with symptoms outside our scope may be referred for medical evaluation.

If a child's condition worsens, a parent/guardian will be contacted for immediate pick-up.

Get Well Care 4 Kidz™ Studio – Pearland provides comfort, monitoring, and care but is not a replacement for hospital/urgent care services.

Parent/Guardian Signature: _____ Date: ___/___/____

Liability Waiver & Indemnification

I release NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland, its staff, and affiliates from liability for injury, illness progression, or other incidents that occur, except in cases of proven negligence.

Parent/Guardian Signature: _____ Date: ___/___/_____

Parent Handbook Acknowledgment

I have received and reviewed the Parent Handbook and agree to abide by the policies of Get Well Care 4 Kidz™ Studio – Pearland

Parent/Guardian Signature: _____ Date: __/__/____

HIPAA & Confidentiality Statement

We comply with HIPAA standards to protect your child's personal and medical information. Records will be kept confidential and shared only with authorized individuals.

Parent/Guardian Signature: _____ Date: ___/___/____

Photo/Video Consent

☐ I give permission for my child's photo/video to be used for internal or marketing purposes.
☐ I do not give permission.

Parent/Guardian Signature: _____ Date: ___/___/____

Financial Agreement

Get Well Care 4 Kidz™ Studio – Pearland provides structured SICK CARE services for children who are too ill for school or daycare but do not require urgent care or hospitalization. Children may stay up to 12 hours (6:00 AM – 6:00 PM) under Pediatric Nurse Practitioner supervision. This service focuses on monitoring, symptom support, and recovery during the day.

Sick Care Levels & Pricing (Per Child, Per Day)

Short-Stay Sick Care (Up to 6 hours): **$100**

Initial NP assessment, monitoring during stay, basic symptom support, parent updates, and discharge plan. If care needs increase, the visit converts to the appropriate Sick Care level.

Essential Sick Care: **$155**

NP assessment and reassessments, symptom monitoring, OTC medications as indicated, hydration support, rest, parent communication, and discharge planning.

Moderate Sick Care**: $205**

Includes all Essential Sick Care services plus prescription management, vomiting/diarrhea monitoring, and increased reassessment frequency.

Advanced Respiratory Sick Care**: $255**

Includes all Moderate Sick Care services plus nebulizer treatments, oxygen saturation monitoring, and extended observation.

Capacity & Safety

• Maximum of 4 children total

• Maximum of 3 children requiring self-preservation

• Advanced Respiratory Sick Care always counts toward self-preservation limits

• Early pickup does not change the Sick Care rate

Daily Sick Care rate: _____
Payment due at drop-off unless otherwise arranged.

Late Pick-Up Fee: $10 per 15 minutes starting at 630pm

I understand and agree to the financial policies of NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland.

Parent/Guardian Signature: _____ Date: ___/___/____

Daily Health Check-In

Date: ___/___/_____

Child's Name: _____

☐Fever ☐ Cough ☐ Runny Nose ☐ Vomiting ☐ Diarrhea ☐ Rash

☐Other: _____

Parent/Guardian Initials: _____ Staff Initials: _____

GET WELL CARE 4 KIDZ

"Bridging the Gap between Healthcare and Childcare with Compassion"