



master

Distribution

- Child's File
- Transportation Log
- Field Trip Log (School-Age Only)

Health and Emergency Permission

This form must be completed for all enrolled children

Child			
Child's Full Name _____	Age _____	Gender _____	Date of Birth ____/____/____
Child's Home Address _____		Home Phone _____	

Parent/Guardian(s)			
Parent/Guardian Name _____	Phone 1: _____	Phone 2: _____	
Parent/Guardian Name _____	Phone 1: _____	Phone 2: _____	

Medical Information			
Doctor to be contacted when parents cannot be reached:			
Name _____	Address _____	Telephone _____	
Dentist:			
Name _____	Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Address _____	Telephone _____	
Does your child have special needs affecting participation in school activities?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Does your child have allergies?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Actions Taken: _____			

Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name _____	Address _____	Telephone _____	Relationship _____
Emergency contact(s) when parents cannot be reached:			
Name _____	Address _____	Telephone _____	Relationship _____

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date