

Child's Information

Child's Name: _____ Date of Birth: _____
 Age: _____ Grade _____
 Child's Home Address(es): _____
 Home Phone Number: _____
 Primary Language: _____ Identifying Marks: _____
 Eye Color: _____ Hair Color: _____ Skin Color: _____
 Sex: _____ Gender: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Child: _____ Home Address: _____ _____ Cellphone Number: _____ Email: _____ Place of Work: _____ Address: _____ _____ Phone Number: _____	Parent/Guardian Name: _____ Relationship to Child: _____ Home Address: _____ _____ Cellphone Number: _____ Email: _____ Place of Work: _____ Address: _____ _____ Phone Number: _____
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Healthcare Information

Child's Physician: _____
 Address: _____ Phone Number: _____
 Allergies/Conditions: _____

If an allergy and/or chronic medical condition exists, please fill out the Individual Healthcare Plan attached.

Dietary notes: _____

Special limitations or concerns: _____
 Individual Education Plan (IEP)? _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. Initial here: _____

*I authorize program staff trained in the basics of **first aid and/or CPR** to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and secure necessary medical treatment. Initial here: _____*

