



**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 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### 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?: Yes  No

Specify: \_\_\_\_\_

Does your child have allergies?: Yes  No

Specify: \_\_\_\_\_

Actions Taken: \_\_\_\_\_

Any medications taken on a daily basis: \_\_\_\_\_

### Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with ID:

Name \_\_\_\_\_ Address (may be written on the back) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact(s) when parents cannot be reached:

Name \_\_\_\_\_ Address (may be written on the back) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date