



- 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