



**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

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

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

<b>Medical Information</b>		
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: _____		

<b>Emergency Contacts</b>			
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