

Sibling(s):

Name: _____ Sex: _____

Birthdate: ___/___/___

Name: _____ Sex: _____

Birthdate: ___/___/___

Additional Information:

Please list any special needs, interests, or any other information about your child that we should know:

Should your child's physical activity be restricted in anyway? If so, please explain.

Emergency Medical Release Form

Student's Name: _____ Date of Birth: _____

Name of Physician: _____ Physician's Phone Number: _____

1. Please list any disease, allergies, etc. that your child has.

2. Does your child have any unusual developmental and/or medical concerns? If so, please describe.

3. In the event of an emergency, every effort possible will be made to reach a parent/guardian. Should we be unable to reach a parent/guardian, please list the names and phone numbers of two people whom we may contact in the event of an emergency.

a.

(Name)	(Relationship)	(Phone Number)
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b.

(Name)	(Relationship)	(Phone Number)
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I understand that I am not to bring my child to The Children's School if he/she has a fever, constantly runny nose, rash, or any other potentially contagious illness. If the staff feels that my child is sick, I will be called to come and get my child.

In the event that a parent or guardian cannot be reached in an emergency, I hereby give my permission for the staff to secure any necessary medical attention for my child.

The hospital preferred by my insurance company is

_____.

_____ I certify that my child's immunization record on file is current.

_____ I have attached a current immunization record.

Signature of Parent/Guardian