



- 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