Studio ON THE COMMON

Child's Last and First Name

1 2 3 4 5 6 7 8 9

(Please circle the week(s) child is attending)

Emergency Contact Information

Child's Name

Date of Birth/ Age/ Grade

M F

Sex

Parent's/Guardian's Name

Home Phone

Work Phone

Address

City, ST ZIP Code

Parent's/Guardian's Name

Home Phone

Work Phone

Address

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Home Phone

Work Phone

Address

City, ST ZIP Code

Secondary Emergency Contact

Home Phone

Work Phone

Address

City, ST ZIP Code

Individuals Allowed to Pick Up Child

Name/ Relationship

Phone

Name/ Relationship

Phone

Name/ Relationship

Phone

Name/ Relationship

Phone

Medical Information

Child's Physician Clinic/ Address

Physician's Name

Phone Number

Insurance Company | Policy Number

Allergies/Special Health Considerations

(Please Circle all that apply)

Asthma/ Respiratory Condition Attention Deficit Disorder Hearing Impaired/ Deaf Developmentally Delayed Diabetes

Unusual Bleeding Sun Burns Easily

Seizures, Type & Frequency_____

Bee Sting Allergy:_____ Reaction:_____

Pollen or Food Allergies:_____ Reaction:_____

Medication Allergies:_____ Reaction:_____

Does the participant have a disability requiring any accommodations?

Yes No If yes, please explain:

_____

_____

Is there anything else you would like us to know about your child that might be helpful to us in working with him/her? (Shyness, family situations, medical issues, behaviors etc.)

_____

_____

_____

Immunization records:

Please attach or send a copy of your child's immunization records along with this form.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature | Date

I give permission for my child to go on field trips. I release Studio on the Common and individuals from liability in case of accident during activities related to Studio on the Common, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature | Date