



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

_____		_____		M	F
Child's Name		Date of Birth/ Age/ Grade		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____	_____	_____	_____		
Home Phone	Work Phone	Home Phone	Work Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____	_____	_____	_____
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

Individuals Allowed to Pick Up Child

_____		_____	
Name/ Relationship		Name/ Relationship	
_____	_____	_____	_____
Phone		Phone	
_____		_____	
Name/ Relationship		Name/ Relationship	
_____	_____	_____	_____
Phone		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