

CHILD'S FULL NAME: _____

PLEASE FILL OUT APPLICABLE SECTIONS:

EMERGENCY CONTACT INFORMATION

CONTACT NAME	RELATIONSHIP	CELL#	HOUSE#

MEDICAL INFORMATION

Please indicate any medical conditions/allergies and medications (if any):

Special Needs/Disabilities (Please indicate any issues that may require special attention):

Please indicate if you have a family member that your child is **NOT** permitted to leave the facility with:
