





**School Age Children** My child attends the following school:

Name of School \_\_\_\_\_

Address, City, Zip, and Phone \_\_\_\_\_

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician \_\_\_\_\_ Emergency Medical Care Facility \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Attendance**

My child will normally be in attendance the follow days and times:

Monday from: \_\_\_\_\_ to: \_\_\_\_\_

Tuesday from: \_\_\_\_\_ to: \_\_\_\_\_

Wednesday from: \_\_\_\_\_ to: \_\_\_\_\_

Thursday from: \_\_\_\_\_ to: \_\_\_\_\_

Friday from: \_\_\_\_\_ to: \_\_\_\_\_

**Special Needs**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: \_\_\_\_\_  
If not applicable, initial here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give consent for the facility to post my child's allergies in the classroom.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date