

The
CHILDREN'S
School

Name of Child: _____ Sex _____ Age _____ Birthdate _____

Name of Parent/Guardian: _____

Home Address: _____

Phone: _____

Business Address: _____

Phone: _____

Name of person to notify if parent/guardian cannot be reached (relationship) _____

Address: _____ Phone: _____

Family Physician: _____

Address: _____ Policy/Cert. # _____

Insurance Company: _____ Phone: _____

Religious Preference: _____

PERMISSION TO TREAT: In order that your child may be treated in an emergency, the following permission must be signed by parent/guardian. Parents will be informed of an emergency as soon as possible.

I hereby grant permission for the Student Health Service staff to examine and treat, hospitalize or secure proper treatment for my child.

Signature of parent/guardian: _____ Date _____

Sun Screen Application – we would prefer that parents apply sunscreen on their own child, however if need be, we will need your permission to apply it when your child is at school.

I hereby grant permission to have my child's teaching staff apply sunscreen on my child if needed.

Signature of parent/guardian: _____ Date _____

Photo Permission:

I hereby grant permission for my child's photo to be used in school publications.

Signature of parent/guardian: _____ Date _____