

Personal Information & Authorization Record



Child's Name: _____ Birth date: _____

Parent Information

Responsible Parent (1): _____ Home Phone: _____

Home Address: _____

Street

City State Zip

Occupation/company: _____ Work Phone: _____

Work Address: _____

Street

City State Zip

Responsible Parent (2): _____ Home Phone: _____

Home Address: _____

Street

City State Zip

Occupation/company: _____ Work Phone: _____

Work Address: _____

Street

City State Zip

Family Information

Marital Status of Parents:

Living Together

Separated/divorced

Brothers & Sisters

Age(s)

Authorized persons to pick up your child

Name (1): _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Street

City State Zip

Name (2): _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Street

City State Zip

Authorized persons to be contacted in case of emergency (other than parent)

Name (1): _____ Home Phone: _____
Home Address: _____ Work Phone: _____
Street _____
_____ Relationship: _____
City State Zip

Name (2): _____ Home Phone: _____
Home Address: _____ Work Phone: _____
Street _____
_____ Relationship: _____
City State Zip

Medical

Child's Physician: _____ Work Phone: _____
Address: _____
Family Insurance Co.: _____
Group Plan #: _____

Health History

- Does your child have any allergies? Explain: _____
- Does your child have any dietary restrictions? Explain: _____
- Does your child have any disabilities? Explain: _____

Please list any special needs: _____

May we?

- Parents will always be contacted first. However, if necessary, do we have your permission to:
- Call your listed physician (or our on-call physician) in an emergency? Yes No
 - Sign a hospital release form in the event of an emergency requiring hospital treatment? Yes No
 - Administer minor first aid (ice, band-aids, etc.)? Yes No
 - Transport your child on pre-scheduled field trips? Yes No
 - Take short walks off center property? Yes No

Signature of Responsible Parent: _____ **Date:** _____