

CHILD'S NAME _____ HOME PHONE _____
ADDRESS _____ CITY _____ ZIP _____
FATHER'S NAME _____ MOTHER'S NAME _____
DAD'S CELLULAR PHONE: _____ BUSINESS # _____
MOM'S CELLULAR PHONE: _____ BUSINESS # _____
PARENT'S MARITAL STATUS : MARRIED _____ WIDOW _____
SEPARATED _____ DIVORCED _____ SINGLE _____

CHILD LIVES WITH _____
____ BOTH PARENTS __ MOTHER __ FATHER __ OTHER(Explain) _____
CUSTODY/VISITING ARRANGEMENTS _____

Has the child had a previous group or preschool experience, if so where and when _____

CHILD'S DOCTOR _____ PHONE _____

Food Allergies _____

Medicine/Other Allergies _____

Are there any medical problems of which we should be aware? _____

Persons to call if parent cannot be reached:
Name and Relationship _____ Phone _____
Name and Relationship _____ Phone _____

PERMISSION FOR PICKUP

I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD FROM LRSH

_____ Telephone # _____ Relationship to Child _____
Print Full Name of Adult

_____ Telephone # _____ Relationship to Child _____
Print Full Name of Adult

FIRST AID

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

EMERGENCY CARE:

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

MEDICATIONS:

If it is possible to give medication at times other than during camp hours, please do so. If your child must receive medication at camp, the medicine must be given to a LRSH teacher. The teacher will give parent a medication form to complete for our file. (Do not put medicine in child's schoolbag)

The following medications are dispensed from the school with your approval. Please check those medicines that the school may administer to your child.

- _____ Acetaminophen (compares to Tylenol)
- _____ Benadryl Elixir (for allergic reaction only)

PARENT/GUARDIAN SIGNATURE _____