

Child's Full Name: _____
First Middle Last

Home Address _____

Primary Emergency Contacts

Parent / Guardian Full Name _____

Parent / Guardian Full Name _____

Home Address/ if different from Student _____

Home Address / if different from student _____

Home Telephone # Cell Phone / Pager

Home Telephone # Cell Phone / Pager

E-mail address _____

E-mail address _____

Business Name _____

Business Name _____

Business Phone

Business Phone

Alternative Emergency Contacts

Name _____

Name _____

Relationship to Student _____

Relationship to Student _____

Home Telephone # Cell Phone / Pager

Home Telephone # Cell Phone / Pager

Health information

Doctor's Name _____ Address _____ Phone: _____
Does your child have a known health problem? YES NO If yes, please specify by completing the following:

Health History - List allergies, medical conditions: _____

I give my permission that in case of an emergency, if I cannot be reached, the medical care selected by Absorbent Minds to secure proper treatment for my child, as well as arrange transportation to the Emergency Department of the nearest hospital, with no liability on the part of Absorbent Minds or its Staff.

I/We have read and agree to the above condition

Signature of Parent: _____ Date: _____