

Child's name _____ Birth Date _____

Address: _____ Zip _____ Home# _____

Mother/Guardian: _____ Social Security# _____ - _____ - _____

Address if different than above _____ Cell# _____

Employer _____ Work# _____

Father/Guardian: _____ Social Security# _____ - _____ - _____

Address if different than above: _____ Cell# _____

Employer _____ Work# _____

Child lives with: () Mother () Father () both Parents () other _____ Person responsible for tuition _____

NAME OF CHILDS SCHOOL _____ **TRACK** _____ **() am () pm**

In case of illness or emergency please list contacts and authorized adults (other than parent) who are allowed to pick up child. Please list in order of contact.

#1 _____ **Phone#** _____ **Relationship** _____

#2 _____ **Phone#** _____ **Relationship** _____

#3 _____ **Phone#** _____ **Relationship** _____

Out of State contact(if available) _____ **Phone#** _____ **Relationship** _____

Specific Medical Problems, allergies or instructions: _____

I (we), the undersigned parents/guardian of _____ a minor, do hereby authorize and consent to any emergency transportation, X-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable and is to be rendered under the general or special supervision of any medical emergency staff licensed under the provision of the Medical Practice Act and on staff of any Hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide consent to such care when the licensed Hospital physician is his/her best judgment deems it advisable. It is understood that the hospital shall attempt to contact the undersigned and the physician identified on the form. However, treatment will not be withheld if the undersigned cannot be reached. I (we), hereby authorize the hospital to surrender physical custody of my (our) minor to the individual who presented the minor for treatment upon completion of the treatment if I (we) are not present on said minors release. I also hereby, give the provider permission to transport my child to and from school and off site field trips (activities).

Signed _____ **relationship** _____ **date:** _____

Signed _____ **relationship** _____ **date:** _____