

ONE FORM PER CHILD IS NEEDED

Name of the child (First and Last) _____

Name of the parent(s) _____

Father's Cell _____ Mother's Cell _____

Alternate contact person and phone number _____

List any known allergies (medicines or foods) _____

Name of physician _____

Hospital preference _____

Yes, I understand I need to be reachable by cell phone in case of emergency.

Parent signature _____ Date _____

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