

# Health & Emergency Permission

Child's Full Name

Date of Birth

Gender

☐ M ☐ F

Child's Home Address

Home Phone

Parent/Guardian Name

Phone 1

Phone 2

Parent/Guardian Name

Phone 1

Phone 2

Doctor Name

Phone Number

Doctor Address

Dentist Name

Phone Number

Dentist Address

Health Insurance Provider

Phone Number

Insurance Address

Does your child have special needs affecting participation in school activities? (Specify)

☐ Y ☐ N

Does your child have allergies? (Specify allergies & actions taken)

☐ Y ☐ N

The child may be released to the person(s) signing this agreement or to the following with photo ID:

Name

Phone Number

Relation

Address

Name

Phone Number

Relation

Address

Name

Phone Number

Relation

Address

Parent/Guardian Signature

Date