

Name: _____ Male Female

Child's Address: _____ Postal Code _____

Birth Date: _____

Parent(s): _____ Home Phone #: _____

Address: _____ Postal Code _____

Mom: Work #: _____ Cell #: _____

Dad Work #: _____ Cell #: _____

If parents unavailable in an emergency please call:

Name _____ Phone #: _____

Address: _____

Relationship: _____ Postal Code: _____

Allergies/Medical Conditions: _____

Immunizations up to date: Yes No

Permission to call Physician/Ambulance: Yes No