

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

**PARENT/GUARDIAN 1**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
No./Street/Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
No./Street/Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact #1 \_\_\_\_\_ Day \_\_\_\_\_ Evening/Cell \_\_\_\_\_  
Name and Relationship to Student Phone Number Phone Number

Emergency Contact #2 \_\_\_\_\_ Day \_\_\_\_\_ Evening/Cell \_\_\_\_\_  
Name and Relationship to Student Phone Number Phone Number

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Office \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

***Important Medical Information, Alerts, Allergies, Medications, and Restrictions:***

In the event that \_\_\_\_\_ would require medical and/or surgical care while I, \_\_\_\_\_ am unable to be reached, I give Taproot authority to obtain medical and/or surgical treatment for said child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_