



*(ONE per family / Please print clearly)*

1. **Child's Name:** \_\_\_\_\_  
Last First Middle Grade

2. **Child's Name:** \_\_\_\_\_  
Last First Middle Grade

3. **Child's Name:** \_\_\_\_\_  
Last First Middle Grade

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ zip \_\_\_\_\_ Address: \_\_\_\_\_ zip \_\_\_\_\_

**Phone Numbers:**

**Phone Numbers:**

Hm: \_\_\_\_\_, Cell: \_\_\_\_\_ Hm: \_\_\_\_\_, Cell: \_\_\_\_\_

Wk: \_\_\_\_\_ Email: \_\_\_\_\_ Wk: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Custody:  Mother  Father  Both  Other **Child Lives With:** \_\_\_\_\_

**What is your preferred method of contact:**  Cell Phone  Text msg  Email  Hm/Wk Phone

**Medical Information: Authorization to Consent for Treatment of a Minor Child**

I hereby grant permission for the staff of this facility to obtain medical treatment or to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

**Child's Special Needs:** (Please list all: food or other allergies, fears, disabilities, medical or special needs, etc) (please use back if more space is needed)

**Medications child is currently taking:** \_\_\_\_\_

**Contacts:** Child will be released only to the custodial parent or legal guardian and the additional persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached, **please check the box** if the person can be contacted and is authorized to remove the child from the facility in case of illness, accident or emergency: (please use back if more space is needed)

1.  \_\_\_\_\_  
Name: Phone # Relationship

2.  \_\_\_\_\_  
Name: Phone # Relationship

3.  \_\_\_\_\_  
Name: Phone # Relationship

4.  \_\_\_\_\_  
Name: Phone # Relationship