

Child & Parent Information and Emergency Medical Authorization

Child's Full Name _____ DOB: _____ Classroom: _____

Allergies/Special Needs: _____

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Cell #: _____	Cell #: _____
Work #: _____	Work #: _____
Home #: _____	Home #: _____
HOME email: _____	HOME email: _____
WORK email: _____	WORK email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Address: _____ _____	Address: _____ _____

MEDICAL EMERGENCY AUTHORIZATION

I/we understand that in a health emergency regarding my child, Takoma Children's School will make every attempt to reach my child's guardian(s) listed above. If neither guardian is available, I/we give permission for the following person(s) to make medical decisions on my behalf.

Name: _____ Relationship to child: _____
Cell #: _____ Work #: _____

Name: _____ Relationship to child: _____
Cell #: _____ Work #: _____

Name: _____ Relationship to child: _____
Cell #: _____ Work #: _____

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____