

**PLEASE PRINT ALL OF THE INFORMATION BELOW**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**(if different from address above)**

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

<i>Name</i>	<i>Phone</i>	<i>Name</i>	<i>Phone</i>
_____	(____) _____	_____	(____) _____
_____	(____) _____	_____	(____) _____

**Do Not Release - Based on court documents on file at Girls Inc., my child should NEVER be released to:**

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INFORMATION**

Is there anything we should know about your child that will help us provide her with the best and safest possible experience? \_\_\_\_\_

Special Medical Limitations: \_\_\_\_\_

**Allergies to: ( If "none" please write in none)**

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Other: \_\_\_\_\_

Please List ALL medications (including OTC) taken by your child: \_\_\_\_\_

**Special Disabilities:**  Learning  Developmental  Emotional  Visual  Hearing  Mobility

**Other Special Needs:** \_\_\_\_\_

Medical Insurance Name \_\_\_\_\_ Physician Name \_\_\_\_\_ Dentist Name \_\_\_\_\_

Medical Insurance Coverage Number \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

**Parent/Guardian - Please read and sign:** I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.



X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date