girls inc. of the Island City

EMERGENCY AND HEALTH INFORMATION 2025-26 School Year

ALAMEDA ISLAND KIDS

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.

Name	*Phone*	*Name*	*Phone*
_____	(____) _____	_____	(____) _____
_____	(____) _____	_____	(____) _____

❒ **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