

Child Information

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Allergies: _____

Is your child potty-trained: _____

Does your child require special medication: _____

Parent Information

Parent(s) Name: _____ Home Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Work Hours: _____

Primary Emergency Contact (other than parents or guardian)

Contact Name: _____

Best Contact number: _____

Relationship to Child: _____

Secondary Emergency Contact (other than parents or guardian)

Contact Name: _____

Best Contact number: _____

Relationship to Child: _____

Person (s) authorized to pick up my child:

Name: _____

Comments: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by Julie Potter or other childcare employees. I also give permission for my child to be transported by car, ambulance, or aid vehicle to an emergency center for treatment, and agree to hold Julie Potter and its employees harmless.

Parent's Signature _____ Date: _____

Field Trip Permission

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the childcare for his/her benefit in attendance at this facility.

Parent's Signature: _____

Date: _____

Permission to Use Sunscreen

My child, _____, may have sunscreen applied to exposed skin areas before going outside on warm sunny days. I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba) Paba gives some children blotchy rashes.

Signature of Parent/Guardian: _____ Date: _____