



Family Contact Information and Authorized Pick-Up Form

Family Contact Information

Child's name: _____ Date of birth: _____

Parent name(s): _____

Address: _____

City State Zip

Email address(es): _____

Phone number(s): _____ Home Cell Work

_____ Home Cell Work

Authorized Pick-Up List

Name Relationship

Home phone Cell phone Work phone

Name Relationship

Home phone Cell phone Work phone

Name Relationship

Home phone Cell phone Work phone

Name Relationship

Home phone Cell phone Work phone

Name Relationship

Home phone Cell phone Work phone

Parent/Guardian signature Date

This form is not valid without an authorized signature.



Emergency Form

Child's name: _____

Allergies

Please list any allergies your child may have. Describe allergic reaction if applicable.

Allergy	Serious diagnosed allergy	Minor diagnosed allergy	Is an EpiPen required?*		Is other medicine required?	Describe the child's typical allergic reaction.
_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	_____	_____

Additional info: _____

*Before your child is able to attend classes at Childswork, you must schedule a training time to train your child's teachers/staff (along with the Education Director) on the proper use of the EpiPen. Staff will not administer an EpiPen without training. In the event that Childswork administers an EpiPen to your child, we will first administer the EpiPen, then call 911, and then contact the family as quickly as possible.

Medical Information

Does your child require any medicines to be administered during school? * Yes No

If yes, please explain: _____

*Please note: any medication that is to be administered at school requires the Administering Medication Form to be completed. This form is located in the Main Office.

Please list any other medical issues your child may have: _____

Please list any special needs, services, or IFSP your child has: _____

Medical Contacts

Doctor's name: _____ Phone: _____

Hospital pref.: _____ Insurance/group #: _____

Dentist's name: _____ Insurance/group #: _____

By signing below I give permission for the following: in an emergency, Childswork Learning Center has my permission to call an ambulance to take my child to any available physician or hospital at my expense, and to obtain medical treatment for my child, except for any restrictions listed here.

Parent/Guardian signature

Date