

For office use only:
Child's class _____

CHILD'S NAME: _____ **DATE** _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ **Relationship:** _____

Address: _____

Phone numbers: Cell _____ Home _____ Work _____

Email: _____

Parent/Guardian Name: _____ **Relationship:** _____

Address: _____

Phone numbers: Cell _____ Home _____ Work _____

Email: _____

EMERGENCY MEDICAL INFORMATION:

Child's Date of Birth: ____/____/____

Does your child have any of the following:

Drug allergies: _____

Environmental Allergies: _____

Allergies to Bug Bites/Stings: _____ EPI-PEN Prescribed _____

Food allergies/Dietary Restrictions: _____ EPI-PEN Prescribed _____

Asthma: _____ Inhaler Prescribed _____

Other Medical Illnesses/Conditions/Concerns: _____

Student's Medical Doctor

Address

Telephone

Student's Dentist/Orthodontist

Address

Telephone

Medical Insurance Co. _____ **Ident./Group#** _____

In case of a medical emergency involving my child I grant permission to TCW to provide first aid treatment and transport via ambulance to the nearest medical facility. _____ Yes _____ No

X _____

***Signature of Parent/Guardian**

***Date

CHILD'S NAME: _____

EMERGENCY CONTACT INFORMATION

THIS SECTION MUST BE FILLED IN

Names of **2 local people** who may be called or to whom your child may be released in the event that you cannot be reached:

Name	Address	Telephone/Cell

ALTERNATIVE PICKUP INFORMATION

IF YOU WOULD LIKE YOUR CHILD PICKED UP BY ANYONE OTHER THAN THE PARENT/GUARDIANS LISTED ON THE OTHER SIDE OF THIS FORM PLEASE COMPLETE THE BELOW (CAN BE THE SAME AS EMERGENCY CONTACTS)

Verbal permission may be given to a TCW staff member when circumstances require.

I grant permission to the following person(s) to pick up my child:

*Name _____ Phone _____ Relationship _____

*Name _____ Phone _____ Relationship _____

*Name _____ Phone _____ Relationship _____

Please check one of the boxes below:

_____ **Any time during the school year.**

_____ **On the dates specified below:**

From: _____ To: _____

Please note this form must be printed and signed.

X _____

***Signature of Parent/Guardian**

***Date