

Student Information

Student's Last Name:	First Name:	Middle Name:	Date of Birth:
Street Address:	City, State:	Zip Code:	

Parent Information

Parent/Guardian's Name:	Home Phone:	Work Phone:	Cell Phone:
Street Address:	City, State:	Zip Code:	
Email:	Fax:		
Parent/Guardian's Name:	Home Phone:	Work Phone:	Cell Phone:
Street Address:	City, State:	Zip Code:	
Email:	Fax:		

People To Notify In Case of Emergency

Name:	Relationship:	Telephone:
Street Address:	City, State:	Zip Code:
Name:	Relationship:	Telephone:
Street Address:	City, State:	Zip Code:

Medical Information			
Date of Student's Last Physical Examination:	Student's Health Care Provider's Name:	Telephone:	
Street Address:	City, State:	Zip Code:	
Special Health Problems:		Allergies, Including Drug Reactions:	
Regular Medications:		Has your child received the recommended immunizations from birth -- 6 yrs old? <i>(Note: If you have chosen not to vaccinate, we <u>must</u> be informed.)</i> Yes ____ No ____	
Insurance Coverage			
Insurance Company Name:		Member/Policy Number:	
Policy Holder's Name:		Employer's Name:	
Insurance Company Name:		Member/Policy Number:	
Policy Holder's Name:		Employer's Name:	
I hereby give permission that my child, _____ may be given emergency treatment by a qualified child care provider at _____. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.			
I also give my permission for my child to be transported by ambulance or aid care to an emergency center for treatment.			
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.			
Parent/Guardian Signature:			Date:
Street Address:	City, State:	Zip Code:	Telephone Number:

Parent/Guardian Signature:			Date:
Street Address:	City, State:	Zip Code:	Telephone Number: