



Child's name	Last	First	Middle	Nickname used	Date of Birth
Street address				City	Zip code
Child's Parent/ Guardian name		Home phone #		Cell phone #	Work phone #
Email:					
Street address				City	Zip code
Child's Parent/ Guardian name		Home phone #		Cell phone #	Work phone #
Email:					
Street address				City	Zip code
Preferred Method of Contact <i>(in the event that we need to contact you, please indicate who you would like us to contact first, then second, and the preferred phone number or email address you would like us to use):</i>					
Emergency Contacts; other than the above persons, who else has permission to pick up your child?					
Name: Relationship:		Address:		Phone 1: Phone 2: Driver's License #:	
Name: Relationship:		Address:		Phone 1: Phone 2: Driver's License #:	
Name: Relationship:		Address:		Phone 1: Phone 2: Driver's License #:	
Name: Relationship:		Address:		Phone 1: Phone 2: Driver's License #:	
Name: Relationship:		Address:		Phone 1: Phone 2: Driver's License #:	
Name: Relationship:		Address:		Phone 1: Phone 2: Driver's License #:	

Signature will be updated every six months.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Child's Health Information			
Date of child's last physical exam:		Child's health care provider:	
		Telephone #:	
Street Address:		City	Zip code
Allergies, including drug reactions?		Special Health concerns?	
Regular Medications?		Other important information?	
Date of child's last dental exam:		Child's Dentist:	
		Telephone #:	
Street Address:		City	Zip code
Consent to medical care and treatment of minor children			
Emergency Treatment Consent <p>I hereby give permission for my child _____ to be given emergency treatment by a qualified staff member of University District Children's Center. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be reached, I give the Director (or person acting as Director in his/her absence) permission to transport my child by taxi to an emergency center for treatment.</p> <p>In the event that I cannot be contacted, I further consent to the medical, surgical, hospital treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.</p>			
Parent/guardian signature		Parent/guardian signature	
Date		Date	
General consents			
Neighborhood Field Trip Consent <p>I hereby give permission for my child _____ to participate in University neighborhood field trips. I understand that neighborhood field trips will be limited to travel within the University District and exclusive of motor vehicles.</p>			
Photo Consent <p>From time to time photographs will be taken of children enrolled at University District Children's Center to accompany new and periodical articles about the Center for brochures, and for display within the Center.</p> <p>My child _____ <input type="checkbox"/> may <input type="checkbox"/> may not be included in publicity photos.</p>			

Signature will be updated every six months.

Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____