

# ADMISSION INFORMATION

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Person who will assume responsibility for child if the parent or guardian cannot be reached:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

1. Does the school have permission to telephone the child's doctor if necessary? Y N
2. If the child's doctor is not available, does the school have permission to telephone the school's emergency care facility and/or call an ambulance if necessary? Y N
3. Does the school have permission to authorize medical care if the parent/guardian cannot be reached? Y N
4. Is the child allergic to any medications? Y N If yes, please specify \_\_\_\_\_
5. Specific requests related to medical emergencies \_\_\_\_\_