



Health and Safety Form

Child's Information

Child's Name: _____ Name Called: _____

DOB: _____ Age as of Sept 1: _____ Sex: _____

Address _____ City _____ ZIP: _____

Home Phone: _____

Family Church Affiliation: _____

Family Pets: _____

Siblings (ages): _____

Previous School Experience: _____

Parent/Guardian Information

Mother's Name: _____

Father's Name: _____

Mother's Cell: _____

Father's Cell: _____

Mother's Work: _____

Father's Work: _____

Mother's Email: _____

Father's Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Health Information

List any Health Issues, Developmental Delays or Special Needs: _____

Has your child had any contagious diseases, serious accidents, or operations we should know about?

Does your child have Allergies? Please list Allergy, Symptoms, Treatment.
If your child has severe allergies that require medical attention or medication for treatment Please provide us with an Allergy Action Plan from your physician.

Health Information

List all Medications that your child takes on a daily basis:

Is there any physical reason your child may not participate in normal school activities including outdoor play?

Name of Child's Physician _____ Phone _____

I give my permission for my child, _____ to be taken to the nearest emergency room for treatment should there be an emergency situation in which we are unable to reach either parent. **Parent Initials** _____

Health Insurance Carrier: _____ Policy # _____ Phone: _____

Safe People List

Please list people (other than Parent/Guardians) that we may call in the event parents can not be contacted. Please indicate the level of information that they are privileged to regarding your child.

***Emergency Contacts are privileged to all information.

Emergency Contact

Name: _____ Pick up only

Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____ Pick up only

Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____ Pick up only

Relationship: _____

Home Phone: _____ Cell Phone: _____

Additional Safe People Forms are available by request in the Weekday Office

Is there any other information that would help us in serving you and your family better?

**Parent/Guardian
Signature** _____

Date _____

For office use:

Class: _____ Teacher: _____