

CHILD'S HEALTH RECORD

Child's Name _____ Date of Birth _____

Immunizations: Please attach a current immunization record from your health care provider along with this registration form.

GENERAL INFORMATION

Please list any drugs your child takes on a regular basis: _____

Does your child have allergies? _____ What is she/he allergic to? _____

Does your child have a physical handicap that the center needs to be aware of? _____

Explain _____

Other remarks concerning physical condition, or suggestions for care of child: _____

EMERGENCY MEDICAL CONSENT AND PICK UP PERMISSION

(I) (We) the (Father, Mother, Guardian, Grandparent) of _____ do hereby request and give consent, to the director of Play Learn School, or her appointed representative, for my child to receive medical and/or surgical aid as may be necessary and expedient by a licensed physician or surgeon in case of emergency, when the parents or guardian cannot be reached.

I give permission for the following persons to pick up my child:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed _____ Date _____

**YOUR CHILD WILL NOT BE RELEASED TO A PERSON WHOSE NAME IS NOT ON THE LIST.
IN CASE OF EMERGENCY YOU MAY CALL THE SCHOOL FOR PERMISSION
FOR YOUR CHILD TO BE RELEASED TO ANOTHER PERSON.**