# REGISTRATION FORM

## CHILD'S GENERAL INFORMATION

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| NAME : |
| DATE OF BIRTH : |
| AGE: |
| DOCTOR'S NAME: |
| DOCTOR'S PHONE NUMBER : |
| ALLERGIES: |
| IS YOUR CHILD TAKING ANY MEDICATIONS: |

## PARENT/GUARDIAN INFORMATION

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| MOTHER'S NAME: |
| MOTHER'S ADDRESS: |
| MOTHER'S PHONE NUMBER: |
| FATHER'S NAME: |
| FATHER'S ADDRESS: |
| FATHER'S PHONE NUMBER: |

## EMERGENCY CONTACTS

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| PRIMARY EMERGENCY CONTACT NAME: |
| PRIMARY EMERGENCY CONTACT PHONE NUMBER: |
| SECONDARY EMERGENCY CONTACT NAME: |
| SECONDARY EMERGENCY CONTACT PHONE NUMBER: |

# REGISTRATION FORM

## SCHOOL INFORMATION

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| Name of School child attends: |
| Grade child just completed: |

## AUTHORIZED PERSONS FOR PICK-UP OF YOUR CHILD

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## HOW THE CHILD WILL BE PICK UP

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I give permission for my child, _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

_____ _____

Signature of Parent/Guardian Date Signed