

CHILD'S NAME:

CHILD'S HOME ADDRESS				STREET	CITY	ZIP	DATE OF BIRTH	
MOTHER'S NAME OR LEGAL GUARDIAN				FATHER'S NAME OR LEGAL GUARDIAN			SEX	RACE
MOTHER'S ADDRESS				STREET	CITY	ZIP		
MOTHER'S HOME PHONE		MOTHER'S CELL PHONE		MOTHER'S BUSINESS NAME, ADDRESS & PHONE NUMBER				
FATHER'S ADDRESS				STREET	CITY	ZIP		
FATHER'S HOME PHONE		FATHER'S CELL PHONE		FATHER'S BUSINESS NAME, ADDRESS & PHONE NUMBER				
CHILD'S SOCIAL SECURITY NUMBER				E-MAIL ADDRESS				
NAME AND ADDRESS OF PERSONS TO WHOM CHILD CAN BE RELEASED/EMERGENCY CONTACT IF PARENTS ARE NOT AVAILABLE								
NAME		STREET		CITY	ZIP	PHONE		
1								
2								
CHILD'S PRIMARY CARE PHYSICIAN/SOURCE OF MEDICAL CARE						DOES YOUR CHILD TAKE MEDICATION?		
NAME: _____ PHONE: _____						YES: ____ NO: ____		
CLINIC: _____						If yes, specify below:		
STREET: _____ CITY: _____ ZIP: _____						Medication Name Dosage Times of Admin.		
HOSPITAL PREFERRED IN AN EMERGENCY: _____						_____		
HEALTH INSURANCE COVERAGE						_____		
MA ID# _____						_____		
PRIVATE INSURANCE NAME _____						_____		
WHO IS THE POLICY HOLDER?						_____		
(NAME/RELATIONSHIP) _____						_____		
ID _____						_____		

CHILD'S NAME:

WRITTEN CONSENT IS GIVEN FOR:	STUDENT PROFILE CHECKLIST		
(PLEASE CHECK ITEMS FOR WHICH YOU GIVE YOUR CONSENT	CONDITION		COMMENTS
____ Teacher administration of medication on field trips	Seizures	Y / N	
____ Emergency medical care	Allergies	Y / N	
____ Administration of minor first aid	Hearing Aides	Y / N	
____ Administration of prescription medication treatment <i>(Physician's current written instructions must be provided)</i>	Glasses	Y / N	
____ Administration of non-prescription medications: <i>(Parents must supply. Given only with written/ Verbal permission, including does and time to be given)</i>	Physical Limitations	Y / N	
____ Consent for wading and swimming	Medication Concerns	Y / N	
____ Consent for transportation by facility for trips	Special Diet	Y / N	
ADDITIONAL COMMENTS:			

WHAT DAYS WILL YOUR CHILD BE ATTENDING?

Monday	Tuesday	Wednesday	Thursday	Friday

**Please note slots are filled based on the order they are received.*

Parent Signature: _____

Date: _____