

Child Record



Today's Date: _____ Program Start Date: _____

1. Student Name: _____ Preferred Name: _____

Sex: M F Date of Birth: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

2. Parent/Guardian (1): _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Workplace: _____ Work #: _____

3. Parent/Guardian (2): _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Workplace: _____ Work #: _____

4. Consent for Medical Treatment

In an emergency, Beautiful Savior Lutheran School has my permission to call an ambulance or to take my child to any available physician or hospital at my expense: YES / NO

In an emergency, my child may receive first aid: YES / NO

In an emergency, the above named person has my permission to call

Dr. _____ At (phone #): _____

and, if necessary, I give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense: YES / NO

Parent/guardian Signature: _____ Date _____





5. Please list additional persons (other than parents) who may be called in the event of an emergency, and who are authorized to removed the child from the facility. Your child will not be allowed to leave with any other person without written authorization from parent of legal guardian. Photo ID is required from anyone listed.

Name: _____ Work #: _____

Relationship to Child: _____

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Name: _____ Work #: _____

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Name: _____ Work #: _____

Relationship to Child: _____

Name: _____ Work #: _____

Relationship to Child: _____

6. Does your family have any need for faith related services such as baptisms, family counseling, etc. ? YES/NO

If so, may we contact you?: YES/NO