

# 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: \_\_\_\_\_  
Par: \_\_\_\_\_  
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: \_\_\_\_\_

Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Work #: \_\_\_\_\_

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Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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