

## IDENTIFICATION AND EMERGENCY INFORMATION

To be completed by Parent or Guardian

Child's Last Name	First Name	Birthdate	Phone #
_____	_____	_____	_____
_____			

Address

Parents living with child at home

Father's Last Name	First Name	Employer	Phone #
_____	_____	_____	_____

Mother's Last Name	First Name	Employer	Phone #
_____	_____	_____	_____

Please list any special conditions or allergies about your child we should know

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

List below emergency contacts and other persons authorized to take the child from the facility.

Child will not be allowed to leave with any other person without written authorization from the parent or guardian. All persons listed must be at least 18 years of age.

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I Do Do Not** give permission for my child to attend all Ark School field trips. I will be notified ahead of time and destination of the trip, and if I do not want my child to attend I will notify The Ark School staff in writing at least two days prior to the trip.

The Ark School personnel are authorized to use their discretion to secure the necessary emergency services for my child at my expense. This includes emergency medical treatment, paramedic services, and ambulance service.

Signature

Date

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