



GENERAL INFORMATION FORM

Child's Name: _____

Address: _____

Phone: _____

Parent 1: _____

Work Address: _____

Work Phone: _____

Cell: _____

Parent 2: _____

Work Address: _____

Work Phone: _____

Cell: _____

Marital Status: _____

Doctor's Name: _____

Work Address: _____

Work Phone: _____

In case of an emergency, when you cannot be reached, name two relatives or neighbors whom we may call.

Name : _____

Address: _____

Home Phone: _____

Cell: _____

Name : _____

Address: _____

Home Phone: _____

Cell: _____

We will not dismiss your child to any adult other than his or her parents or members of his or her carpool unless you notify us at the time.

WAIVER

Permission for teacher to administer to your child standard first aid as outlined in First Aid Textbook by American Red Cross Fourth Edition.

TO BE SIGNED BY BOTH PARENTS OR GUARDIANS
