

CHILD RECORD

Updated: _____

Admission Date: _____

Discharge Date: _____

Full name of child (ren):

Birthdate(s):

Allergies/ meds Y/N

_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____ Telephone: _____

Father's Name: _____

Address, if different from above: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____

Address, if different from above: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Email Address: _____

Name, Address and Telephone Number of next-of-kin other than parents:

If parent cannot be reached by telephone during the time the child is in care, how can the parent be reached? _____

The name address, and telephone number of two persons other than the parent to be contacted in case the parent cannot be reached in an emergency:

List the names of persons who have permission to pick your child up from school. Please include non-custodial family members, relatives, friends, and Forest School parents:

***Forest School Staff* MUST** be notified by the parent when regular transportation or pick-up methods will vary.

Name, Address, and Telephone number of family physician: _____

Name, Address, and Telephone number of family dentist: _____

Date of last tetanus shot _____

Allergies and other health concerns. Provide a detailed description of care required:

Special needs or concerns to be considered:

Permissions:

I give permission for Sierra Parker, Caite Hannigan, Aaron Parker or other Forest School Staff to seek emergency medical assistance for my child if necessary in my absence.

This authorization includes my consent for the above-named child to received treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlined above.

I give permission to allow my child to participate in wading activities in nearby brooks and shallow ponds.

I give permission for my child to be photographed and have signed the release waiver.

I give permission for my child to use medicinal plant remedies in the form of salves and compresses. These will not be used in place of standard first aid care, nor will they be taken internally. These include natural bug repellent, soothing salves, and compresses for insect stings.

Signature of parent (s) or legal guardians:

Date:

The Forest School 5 Hemlock Cove Road Falmouth Maine 04105 (207)878-9884
