

MEDICAL INFORMATION FORM

Please provide us with two sources for emergency contact in case your child should become ill or injured while at the Center and you could not be located. Also, please provide the name of your child's physician.

Name _____

Phone _____

Relationship to child _____

Name _____

Phone _____

Relationship to child _____

Child's Physician _____

I hereby grant to the Reading & Writing Development Center my permission for them to obtain emergency medical treatment for my child should he/she become ill or injured while at the Center.

Parent/Guardian Signature

Date

FOOD ALLERGY INFORMATION

Occasionally snacks may be offered during the Summer Tutoring Program. Please list below any foods which your child may be allergic to.

My child is allergic to: _____

I prefer that my child not have the following foods:

Child's Name

Parent Signature