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.

_________________________________________ Date

Parent/Guardian Signature

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:

_________________________________________________________________

_________________________________________ Parent Signature

Child’s Name