



Child's Name _____

Date _____

Medical Needs/Issues _____

Other Comments _____

Doctor's Name _____ Phone # _____

Mom's Name _____ Daytime Phone # _____

Dad's Name _____ Daytime Phone # _____

Emergency # where a parent/guardian can be reached during the day _____

* Parents (Please check and sign below)

___ I will provide transportation to/from Beaver Meadow School. I will also provide snacks/lunches (or money to purchase snacks) for my child.

X _____
Parent/Guardian

Date _____