



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 \_\_\_\_\_