

Today's Date _____

Parent/Guardian Name(s) _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Mom cell _____ Dad cell _____

Permanent Residence of Child (if different from above)

Address _____ City _____ State _____ Zip _____

Child's Name _____

DOB _____ Grade _____ Gender F / M

Allergies/Med. Cond. _____

Child's Name _____

DOB _____ Grade _____ Gender F / M

Allergies/Med. Cond. _____

Child's Name _____

DOB _____ Grade _____ Gender F / M

Allergies/Med. Cond. _____

Child's Name _____

DOB _____ Grade _____ Gender F / M

Allergies/MedCond. _____

In the case of a lost security tag, my child(ren) may be released to the parents above OR one of the following people:

Name _____ Phone _____ Name _____ Phone _____