

# VERRADO LEARN & PLAY

CHILD'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE ENROLLED: \_\_\_\_\_

KNOWN *FOOD* ALLERGIES: \_\_\_\_\_

## PARENT(S) / GUARDIAN(S) NAMES:

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

MOTHER'S PHONE: \_\_\_\_\_ FATHER'S PHONE: \_\_\_\_\_

## INDIVIDUALS AUTHORIZED TO PICK UP:

NAME #1: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME #2: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME #3: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME #4: \_\_\_\_\_ PHONE #: \_\_\_\_\_

THE FOLLOWING MAY **NOT** REMOVE MY CHILD FROM VERRADO LEARN & PLAY:

\_\_\_\_\_

## MEDICAL INFORMATION:

### HEALTH CARE PROVIDER

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### IN CASE OF EMERGENCY

HOSPITAL: \_\_\_\_\_

# MEDICAL INFORMATION:

THINGS CHILD IS ALLERGIC TO (ENVIRONMENT / OTHER):

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IS CHILD USUALLY SUSCEPTIBLE TO INFECTIONS AND IF SO, WHAT PRECAUTIONS NEED TO BE TAKEN?

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IS CHILD SUBJECT TO CONVULSIONS AND WHAT SHOULD BE OUR PROCEDURE IF ONE OCCURS?

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IS THERE ANY PHYSICAL CONDITION(S) THAT WE SHOULD BE AWARE OF AND WHAT PRECAUTIONS SHOULD BE TAKEN (heart trouble, foot problem, hearing impairment, etc.)?

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ADDITIONAL COMMENTS OR OTHER SPECIAL INSTRUCTIONS?

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PARENT / GUARDIAN PRINTED NAME: \_\_\_\_\_

SIGNED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_