

# America's Children @ Oakmoor

Child's Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Parent/Guardian

Parent name: \_\_\_\_\_ h) \_\_\_\_\_ c) \_\_\_\_\_  
Employer: \_\_\_\_\_ w) \_\_\_\_\_  
Email address: \_\_\_\_\_

Parent name: \_\_\_\_\_ h) \_\_\_\_\_ c) \_\_\_\_\_  
Employer: \_\_\_\_\_ w) \_\_\_\_\_  
Email address: \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

\*\* In case of a separation, divorce, or other custody problem a legal decree needs to be on file\*\*

Name of person(s) who may pick up my child ---- (All persons must show a photo ID)

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Name of person(s) who may not pick up my child ----  
\_\_\_\_\_

\*\*\*In the event parents/guardian are unavailable, please contact--

Name \_\_\_\_\_ h) \_\_\_\_\_ w) \_\_\_\_\_ c) \_\_\_\_\_  
Name \_\_\_\_\_ h) \_\_\_\_\_ w) \_\_\_\_\_ c) \_\_\_\_\_

## Medical/Dental

In the event my child may require emergency medical, dental, or surgical care while under America's Children @ Oakmoor's supervision, I hereby give my consent to --

Doctors Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies \_\_\_\_\_ Routine Medications \_\_\_\_\_ Restrictions \_\_\_\_\_

Health Insurance: Yes\_\_ No \_\_ Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

\*I give my consent for my child to have topical non-prescription medicine applied.

\*I agree to pay all cost and fees contingent on any emergency medical, dental and or treatment for my child secured or authorized under this consent.

\*I give my consent for my child to be photographed for use in promotional or training materials.

\*I give my consent for my child to go on field trips in a center owned 15 passenger vans or on foot. I understand that I will have advanced notice of any trips requiring transportation.

\*I give my permission for my child to be transported to and from school in a center owned 15 passenger vans. Only one staff is required and must hold a valid chauffeur's license.

\*School-age statement of health-- My child is free of any communicable condition, which would prevent him/her from participating in-group activities, including indoor, outdoor and small muscle activities.

I, \_\_\_\_\_, release **the center** from all bodily injury, property damage, and personal injury liability. Any medical/dental expenses incurred will be the responsibility of the parent/guardian of said child.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*It is the responsibility of the parent to notify the center in writing of any changes\*\***