



CCS BULLDOG HOUR CONTACT INFORMATION

Child's Name: _____ DOB: _____ Enrollment Date: _____

Gender: _____ Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Legal Guardian #1: _____ Relationship: _____

Telephone #'s: _____ (Home) _____ (Work) _____ (Cell)

Address (if not same as above): _____

Legal Guardian #2: _____ Relationship: _____

Telephone #'s: _____ (Home) _____ (Work) _____ (Cell)

Address (if not same as above): _____

Emergency Contacts (someone who will be able to pick-up your child when you are not able to):

Contact Name/Relationship	Address	Telephone #	Work/Cell #

Medical Care Information:

Child's source of Medical Care/Primary Care Physicians Name:	Telephone Number:
Child's Source of Dental Care/Dentist Name:	Telephone Number:

Special conditions, allergies, medical conditions/medications, disabilities for emergency situations:



Parent/Guardian Consent and Agreement:

As a parent/guardian I give consent to have my child receive first aid by CCS Bulldog Hour staff and if necessary, be transported to and receive emergency care. I understand that I will be responsible for all charged not covered by insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. **I understand that by signing this form I am giving permission for my child to be released to the emergency contacts listed above.** I agree to review and update this information whenever a change occurs and at least every 6 (six) months.

Custody: Are there custody orders: Yes ___ No ___ (custody order must be attached)

Parent/Guardian Signature: _____ Date: _____

Additional Emergency Contacts (if needed):

Name and relationship:	
Address:	
Telephone:	

Name and relationship:	
Address:	
Telephone:	

Name and relationship:	
Address:	
Telephone:	

Received/Reviewed by: _____ (initials)