

## Madison Friends First Day School Registration and Medical Information Form

**Youth Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**For Teens:** Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Parent/Guardian Contact Information:

**Name 1:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Preferred contact mode:**  phone  cell  email  text  other: \_\_\_\_\_

**Best times to call:** \_\_\_\_\_

**Name 2:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Preferred contact mode:**  phone  cell  email  text  other: \_\_\_\_\_

**Best times to call:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Designated Responsible Adult(s):** \_\_\_\_\_

Youth (over 10) May Leave Meeting on Own:  Yes  No

**Allergies:** (include allergies to medications, foods, stings, and environmental sensitivities):

\_\_\_\_\_

**Medications** that child may need at FDS ( e.g., epipen; inhaler): \_\_\_\_\_

\_\_\_\_\_ **Can child self-administer?**  Yes  No

**Activity Limitations or Other Medical Conditions:** \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Urgent Care Preference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signed releases will be required for taking a child off the Meetinghouse grounds for special activities and for obtaining medical treatment in the event of an emergency. The program coordinator will provide these forms for your signature.**

**Name of person completing form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_