



Prairie Township
 5955 West Broad Street 907-7990
Prairiedise Room Medical and Registration Form

CHILD'S NAME	Male	Female	Birthdate	Age
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Mother's Name	Phone (h)	(w)	(c)
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Father's Name	Phone (h)	(w)	(c)
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Other/Guardian	Phone (h)	(w)	(c)
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Child's Address	City	State	Zip
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IN CASE OF AN EMERGENCY SPECIFY AUTHORIZED PERSONS TO PICK UP YOUR CHILD
(Other than Parent or Guardian)

Name	Relationship	Phone
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1.

2.

3.

Does the participant have any disabilities or physical conditions the staff should be familiar with?
 NO Yes, Please Explain

Does the participant require any accommodations, assistive devices, or auxiliary aids?
 NO Yes, Please Explain

- Attention Deficit, Sensory Impairment (i.e. Vision, speech, hearing)
- Allergies: Bees, Penicillin, food, hay, other
- Level of Sun Sensitivity

Any Prescriptions or Medications	Are all Immunizations and Boosters up to date?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

In the event of reasonable attempts to contact the authorized persons have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by emergency medical squad, Dr. _____ (preferred physician), or, in the event the designated practitioner is not available, by another licensed squad, physician, or dentist, and the transfer of the said child to _____ (preferred hospital) or any hospital reasonably accessible. This does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

I have read the above statements and all of the policies of the Kids Prairiedise Room and promise to abide by them and understand that for my child's safety and guardians' peace of mind children may be videotaped.

Parent/Legal Guardian	Date
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