

A STEP AHEAD IN PIERCE COUNTY

Child's Name First: _____ MI: _____ Last: _____

Nickname _____ Gender Male Female Date of Birth ____/____/____

Parent/Guardian Name(s) _____

Relationship: Parents Grandparent Foster Parent Guardian Other _____

Address _____ Phone (Home) _____

Phone (Work) _____

Email address _____ Phone (Cell) _____

Non-custodial Parent (if different than above) _____

Address _____ Phone (Home) _____

Phone (Work) _____

Emergency Contact _____ Daytime Phone: _____

Relationship to child: _____

Others in the home	Age	Relation to child

Optional (for statistical use only)

(Please check all that apply to you)

Do you consider yourself to be ...

- Military Family
- Single Parent
- Low Income
- Teen Parent

Health Information

Please list any significant medical conditions: _____

Does your child have a specific medical diagnosis? Please list: _____

Current Medications: _____

Allergies (include medications & foods): _____

Type of reaction: _____

What do you do for these reactions? _____

Authorization for Emergency Treatment

I verify that my child's doctor may treat my child in an emergency even though I cannot be present. I authorize and consent to any medical or hospital care, treatment and procedures to be performed for my child, _____ by a licensed physician or hospital when deemed urgent. I waive my rights to informed consent to such treatment. It is understood that a conscious effort must be made to notify me or my child's other emergency contact before such action is taken. But if it is impossible to locate me or my child's emergency contact, the expenses of these services will be accepted by me.

Signature: _____ Date: _____

Permission to Photograph or Videotape

I give permission for my child to be photographed by A Step Ahead in Pierce County. I understand that my child's photo may be used in program brochures or promotional materials and that I would be contacted before his/her photograph is publicly displayed.

Signature: _____ Date: _____