

Forest School Child Record

Admission Date: _____

Discharge Date: _____

Name of child(ren)

Birthdate

Allergy Alert

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Address: _____

Primary Phone Number: _____

Guardian/Caregiver's Name: _____

Relationship to child: _____ Cell phone: _____

Address (if different from primary): _____

E-mail address: _____

Place of Employment: _____

If guardian/caregiver is not available by phone while child is in care, how else can they be reached? _____

Guardian/Caregiver's Name: _____

Relationship to child: _____ Cell phone: _____

Address (if different from primary): _____

E-mail address: _____

Place of Employment: _____

If guardian/caregiver is not available by phone while child is in care, how else can they be reached? _____

Emergency Contacts

Local emergency contacts in case a guardian/caregiver cannot be reached:

Name: _____ Phone number: _____
Address: _____ Relationship to child: _____

Name: _____ Phone number: _____
Address: _____ Relationship to child: _____

Non-Local emergency contacts in the event local phone lines are down:

Name: _____ Phone number: _____
Address: _____ Relationship to child: _____

Name: _____ Phone number: _____
Address: _____ Relationship to child: _____

Pick Up List

Please list the people who are permitted to remove your child(ren) from Forest School. *Forest School staff MUST be notified when there is a change to your regular pick up routine.*

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Health and Wellness Information

Child's Pediatrician

Name: _____ Phone number: _____

Address: _____

Child's Dentist

Name: _____ Phone number: _____

Address: _____

Please describe any allergies or health conditions that require care:

Please describe any behavioral or mental health concerns or issues:

Please describe any other special needs or concerns:
