



**MEDICAL INFORMATION**

Please list any chronic medical conditions \_\_\_\_\_

\_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please state: \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Medications \_\_\_\_\_ Are there any side effects? \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

**Is there anything else that we should know about your child’s physical condition or needs? (Indicate below or on back)**

\_\_\_\_\_

**PERMISSION:**

I give permission for Sulam to seek medical treatment for my child \_\_\_\_\_ in the event I cannot be contacted immediately.

Parent’s signature \_\_\_\_\_

I assume full responsibility for my child en-route to and from the Sulam.

Parent’s signature \_\_\_\_\_

I give Sulam permission to photograph my child for teaching, advertising purposes and other promotional purposes.

Parent’s signature \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the event that we cannot contact you for any reason, please give us contact information for anyone who could be called upon in the event of an emergency.

- |    | <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|----|-------------|----------------|----------------|
| 1. | _____       | _____          | _____          |
| 2. | _____       | _____          | _____          |
| 3. | _____       | _____          | _____          |

If there is anyone else that you would like on our mailing list, please give us their contact information below.

\_\_\_\_\_

\_\_\_\_\_