

Juvenile Activity Form

Childs Name _____ Date of Birth _____ Gender M/F/NS (circle)

Does your child have any food or drug allergies? _____

Parent Information

Name: _____ Phone: Cell: _____ Work: _____

Address: _____

Alternate Emergency Contact: Relation to Child: _____

Name: _____ Phone: Cell: _____ Work: _____

Address: _____

Who can pick up your child? _____

Does your child use a diaper? _____

Can your child indicate to us when they have to use the bathroom? Y/N

Specific Notes (about your child):

List all medical conditions:

List any medication currently taking:

*A photo will be taken once a year for internal identification purposes.

****Guardian of child must be present in the building at all times. No exceptions****

Signature: _____ Date: _____

For clinical use only beyond this point: B.I.:

1 _____ 2 _____ 3 _____