

**EMERGENCY AND MEDICAL INFORMATION**

Please fill out one form for each child

Child's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip code

Home Phone:( ) \_\_\_\_\_

Mother's work phone ( ) \_\_\_\_\_ Mom Cell ( ) \_\_\_\_\_

Father's work Phone ( ) \_\_\_\_\_ Dad Cell ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

Pediatrician: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

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**HEALTH INFORMATION**

1. Present health history (disabilities, medication taken)

2. Allergies (food or other):

- Medication needed for allergy (ie, Epi-Pen): \_\_\_\_\_
- Please send medication with child each day in a labeled container along with directions for usage.

3. Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO MEDICAL CARE & TREATMENT OF MINOR CHILDREN**

I \_\_\_\_\_ (parent/guardian) hereby give permission that my  
child/children, \_\_\_\_\_

In the event that I cannot be contacted in an emergency, I further authorize and consent to medical, surgical and hospital care treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

- 1) Any expenses incurred under the above conditions will be born by the child's family.
  
- 2) The Academy will not be responsible for anything that has happened as a result of false information given at the time of enrollment.

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Parent/guardian signatures \_\_\_\_\_ Date \_\_\_\_\_

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Name of insurance coverage \_\_\_\_\_ group and or membership number \_\_\_\_\_

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Name of insured \_\_\_\_\_ Employer \_\_\_\_\_

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Parent/guardian work phone \_\_\_\_\_ home phone \_\_\_\_\_

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Parent/guardian work phone \_\_\_\_\_ home phone \_\_\_\_\_

## GETTING TO KNOW YOUR CHILD

For children enrolling in Music Together only class

Child's name: \_\_\_\_\_

\_\_\_\_\_  
Favorite games or activities

Is your child toilet trained? \_\_\_\_\_ What words does he/she use  
for toilet? \_\_\_\_\_

\_\_\_\_\_  
How does your child express anger or frustration?

\_\_\_\_\_  
Does your child have any special fears? Please explain \_\_\_\_\_

\_\_\_\_\_  
When your child is upset, what works for her/him?

\_\_\_\_\_  
How do you discipline your child?

\_\_\_\_\_  
What does your child/children like to eat?

\_\_\_\_\_  
How does your child go down for a nap? What techniques do you use to comfort  
him/her?

### EQUIPMENT AND PARTICIPATION

I hereby grant permission for my child to use all of the equipment and participate in all of the activities of our center. In addition, I grant permission for my child to be included in evaluations and pictures/videos, Internet photo sites, connected with the school program.

authorize my child to participate in planned transportation of an insured vehicle or city transit when on pre-planned field trips.

\_\_\_\_\_  
Print child's name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date