



PALMETTO SHORES LEARNING CENTER ENROLLMENT FORM

CHILD'S NAME: _____

BIRTHDATE: _____

SEX: _____

Parent's Relationship to Each Other: Married Divorced Separated Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):

Mother and Father Mother Father Other _____

Father's Name _____ **Driver's License** _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

e-mail _____ Mobile _____

Mother's Name _____ **Driver's License** _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

e-mail _____ Mobile _____

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____

EMERGENCY MEDICAL AUTHORIZATION

SCHOOL YEAR 20__-20__

GRADE ENTERING _____

MALE _____ FEMALE _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Part I (TO GRANT CONSENT)

In the event reasonable attempts to contact primary parent/guardian have been unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by Physician:

Dr. _____ at (phone) _____

Dr. _____ at (phone) _____

, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist;

(2) The transfer of the child to _____ hospital at (phone) _____ or any hospital reasonably accessible.

Please list any medical conditions:

Date: _____ Signature of parent or guardian _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II (REFUSAL TO CONSENT)

I do NOT give my consent for emergency medical treatment of my child. IN the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR

TO: _____

Date: _____ Signature of parent or guardian _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize _____ staff to take my child to an

(Name of Palmetto Shores Learning Center)

Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

(Attach a photocopy of your insurance card.)

(Signature of Parent/Guardian)