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| GIRLS OF ESSENCE Child Registration/Contact Information Form |
|  |
|  |  |  | M | F |
| Child’s Name |  | Date of Birth | Sex |
|  |  |  |
| Parent’s/Guardian’s Name |  | Parent’s/Guardian’s Name |
|  |  |  |  |  |  |  |
| Home Phone |  | Work Phone |  | Home Phone |  | Work Phone |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, ST ZIP Code |  | City, ST ZIP Code |
|  |  |  |
| Emergency Contacts |
|  |
|  |  |  |
| Primary Emergency Contact |  | Secondary Emergency Contact |
|  |  |  |  |  |  |  |
| Home Phone |  | Work Phone |  | Home Phone |  | Work Phone |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, ST ZIP Code |  | City, ST ZIP Code |
|  |  |  |
| Medical Information |
|  |
|  |
| Hospital/Clinic Preference |
|  |  |  |
| Insurance Company |  | Policy Number (OPTIONAL) |
|  |
| Allergies/Special Health Considerations |
|  |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. |
|  |  |  |
| Parent’s/Guardian’s Signature |  | Date |
|  |
| **I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ‘GIRLS OF ESSENCE’ PROGRAM** \_\_\_\_\_\_\_\_\_I DO “NOT” GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE “GIRLS OF ESSENCE’ PROGRAM \_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Parent’s/Guardian’s Signature |  | Date |