

Would you be willing to serve on the Parent Board? _____

HEALTH

Name of child's doctor _____ Phone _____

Serious accidents _____ Operations _____

Hospitalizations _____

Handicaps (eyes, ears, feet, etc.) _____

Has your child ever had a seizure? _____

If so, what kind? _____

Allergies _____

Does your child tire easily? _____

Does your child become excited easily? _____

Any toileting difficulties? _____

Signature _____ Date _____

EMERGENCY CONTACT

I authorize this person to act on my behalf, if I cannot be contacted concerning my child.

- | | | | |
|----|-------|-------|-----------------------|
| 1. | _____ | _____ | _____ |
| | Name | Phone | Relationship to child |
| 2. | _____ | _____ | _____ |
| | Name | Phone | Relationship to child |

For more information check out our website at www.KidsAliveWestLafayette.org (or call 765-463-7303.)
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