



Return to:

Jodie Whitman or Dionne Kizziar, Director
5130 E.101st Street Tulsa OK 74137
(918) 296-9936

Student Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

PARENT/GUARDIAN INFORMATION:

Mother / Guardian 1 Name: _____ Phone: _____

Father / Guardian 2 Name: _____ Phone: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

OTHER ADULT CAREGIVERS:

I hereby authorize the LHM staff to allow my child to leave the facility with either his/her parents or one of the following persons:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

MEDICAL HISTORY:

List any special problems that your child may have such as allergies, existing illness, previous serious injuries during the past 12 months, any medications prescribed for long term conditions used, and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to a medical facility or hospital of their choice.

Name of Physician: _____

Address: _____ Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child: _____

Signature of Parent / Date

TRANSPORTATION:

I hereby give do not give my consent for my child to be transported by the staff or someone appointed by the staff on field trips.

WATER ACTIVITIES:

I hereby give do not give my consent for my child to participate in water activities: (Please check all that apply):

wading pools swimming pools other bodies of water

SCHOOL AGE CHILDREN:

My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis tests are current.

School Name: _____ Address: _____ Phone: _____