



In order to keep your child safe while they are in our care, please submit the following form along with any medication administration forms if applicable.

Student's Name First _____ Last _____

Students Date of Birth MM____DD____YYYY_____

Scheduled Shadow Date MM____DD____YYYY_____

Mother's Name First _____ Last _____

Mother's Cell Phone Number (____) _____ - _____

Father's Name First _____ Last _____

Father's Cell Phone Number (____) _____ - _____

Name of an emergency contact person (We will only contact if parents cannot be reached)

First _____ Last _____

Emergency cell phone number (____) _____ - _____

Relationship to student _____

Student Medical Information

Does your child have a severe allergy that requires a prescription EpiPen?

____ Yes

____ No

If YES, the parent should bring an EpiPen in and check in with the school nurse.

Does your child have asthma and use an inhaler?

____ Yes

____ No

If YES, the parent should bring an inhaler in and check in with the school nurse.

***Please also provide a Medication Administration Authorization form from their current school or print one from [our site](#) and have it signed by the student's doctor.