

Destination Paris

Registration Form		Date:
(Child's name) Last First		Birthdate
Street address		City Zip code
1. Parent/guardian name :	cell phone# ()	Email:
Street address		City Zip code
Address where you can be reached while child is in care		City Zip code
2. Parent/guardian name:	cell phone# () -	Email:
Street address		City Zip code
Address where you can be reached while child is in care		City Zip code
<i>Other than you, who else has permission to pick up your child?</i>		
Name	Address	Telephone number
1		Home: () - Cell: () - Relationship:
2		Home: () - Cell: () - Relationship:
3		Home: () - Cell: () - Relationship:
In case of an emergency, I give permission for any of these individuals to be contacted and my child may be released to any of them.		
Parent/Guardian signature: _____		

Who <i>does not</i> have permission to pick up your child? If Applicable (A copy of supporting court documents must be on file)	
Name	Reason

Destination Paris

Child's Health information

Child's Health Care Provider:	Telephone Number ()	
Street Address	City	Zip Code
Special Health Problems? Yes or no? If yes, specify	Allergies, including drug reactions Yes or No? If yes specify.	
Regular Medications? Yes or No? Specify.	Other Important information	
Child's Dentist name:		Telephone number ()

Child's medical insurance coverage

Insurance company name	Member/Policy number
Policy holders name	Employers name

Consent to medical care and treatment of minor children

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital are attendant when deemed necessary or advisable by the physician or care aid to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Maine that this information is true and correct.

Parent/guardian Signature	Date
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Consent to photograph

I give my consent for photographs or videotaping in which my son/daughter/ward may appear, to be used in any way Destination Paris may care to use them as long as it is consistent with SAD#17's mission.

Parent/guardian signature	Date
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