Hypointe Childcare - Student Information Sheet

Student's Name:_____ Preferred Name:_____

Birthdate:_____ Age:_____

Home Address: _____

Mother's Name and/ or Legal Guardian: _____

Phone Number:_____ Email Address:_____

Father's Name and/ or Legal Guardian: _____

Phone Number:_____ Email Address:_____

Allergies/ Medical Conditions:

Known Allergies or medical conditions: _____

For treatment of medical conditions or allergy my child has : ___ an Epi Pen ___ Inhaler

___ other Medication

Preferred Hospital: _____

Emergency Contacts: (secondary contacts in the event of an emergency)

1. Name and relation: _____

Phone Number:_____ Email Address:_____

2. Name and relation: _____

Phone Number:_____ Email Address:_____

Authorized Pick ups: (the people listed below are authorized to pick up my student)

1. Name and relation: _____

Phone Number:_____ Email Address:_____

2. Name and relation:_____

Phone Number:_____ Email Address:_____

Digital Media Permission:

___ Yes, my student may participate in class digital media presentations

___ No, my student may participate in class digital media presentations