

<b>Child:</b> Last Name: _____ Birth Date: _____ First Name: _____	Home Address: _____ _____
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<b>Father:</b> Name: _____ Occupation: _____ Home Address: _____ Home Phone: _____ Cell Phone: _____	<b>Mother:</b> Name: _____ Occupation: _____ Home Address: _____ Home Phone: _____ Cell Phone: _____
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Employer: Business Address: _____ Business Phone: _____	Employer: Business Address: _____ Business Phone: _____
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**In Loco Parentis** Please list the names and telephone numbers of family members, friends, and caregivers who may be allowed to take your child/children from Omni

Name: _____	Relationship: _____	Home Phone: _____	Cell Phone: _____
Name: _____	Relationship: _____	Home Phone: _____	Cell Phone: _____
Name: _____	Relationship: _____	Home Phone: _____	Cell Phone: _____
Name: _____	Relationship: _____	Home Phone: _____	Cell Phone: _____

**Health Information and Emergency Contacts**

**Emergency Contacts** Please list names of two relatives or friends whom we may contact in the event of an emergency.

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

**Physician**

Name _____	Phone _____
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**Health Problems** List any health problems that the school should be aware of: allergies, diabetes, asthma, etc.

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**Tylenol Permission**  Yes, please give Tylenol.  No, do not give Tylenol. Initial: \_\_\_\_\_

There have been occasions when a child will complain of a headache in school. Many parents have requested that the school make tylenol available to a child when he/she has a headache. Please initial above if you wish to give permission to the staff at Omni Montessori to administer tylenol to your child should he/she complain of a headache. Please comment on any other concerns.

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Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____