



Medical Information

Health Insurance Coverage: _____

Policy # _____

Child's Primary Physician _____

Phone Number: _____

Child's Dentist _____

Phone Number: _____

List any special limitations/concerns your child may have, including dietary restrictions, allergies, chronic health conditions:

Emergency Contacts

Name _____

Relationship to Child _____

Phone _____

Name _____

Relationship to Child _____

Phone _____

Name _____

Relationship to Child _____

Phone _____

Immunization Records

Copy of the Physical Exam needs to be enclosed with this form :Physical Examination required by 105 CMR 430.151:

Every student Must furnish a health history, a report of physical examination conducted during the proceeding 24 months and a certificate of immunization. This history shall be prepared and signed by a licensed health care provider.

Medical Consent and Release Statement

I, the parent /guardian of _____, give permission for my child to receive emergency medical treatment and hospitalization, if necessary. I understand that every attempt will be made to contact me, or the named person listed above, before taking this action.

By signing this from, you agree that you will work with your child(ren) ensure that he or she will follow all AIEA safety guidelines.

I hereby waive and release AIEA, LLC. - it's Directors and Staffs from any liability for any injury or illness incurred while attending the program.

Parent (or Guardian) Signature _____

Date _____

Photo Release Permission

I hereby give permission for any area newspapers, television stations, or other media sources to publish my child's photo taken during program hours at AIEA.

These photographs can be used for the AIEA advertisement.

Parent Signature _____

Date _____