



GREEN GRASS LEARNING CENTER

Health History/ Emergency Form

1st Child's name: _____ Chinese name: _____

Birthday: ____/____/____ Gender: M F Grade: _____

2nd Child's name: _____ Chinese name: _____

Birthday: ____/____/____ Gender: M F Grade: _____

Home Address: _____

Parent's name: _____ Parent's name: _____

Day phone: _____ Day phone: _____

E-mail: _____ E-mail: _____

Other Emergency Contact

Authorized person to be called in case of an emergency to pick up child if parents can not be reached:

Name	Phone	Relationship
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Information required by state law:

Medical insurance: _____

Plan and ID#: _____

Family Physician: _____

Address: _____

Phone: _____

Family Dentist: _____

Address: _____

Phone: _____

Health Record:

Food allergy: _____

Other medical problem: _____

Behavior problems: _____

Note: all medication sent to camp must be given to camp director and labeled clearly with doctor's instructions.

I/we give permission for my/our child to engage in all prescribed program activities. I/we, in consideration of participation in the programs offered by Green Grass Learning Center, agree to indemnify and release the program from any and all liabilities. This includes any injuries which may be suffered by my/our child, arising out of, or in any way connected with participation in the classes or activities offered by the program, except to the extent attributable to willful act or active negligence of the program or its officers, staff, agents or employees. I/we release any liability against Green Grass Learning Center and any driver associated with transportation activities. I/we acknowledge that my child is being enrolled in a program that consists of entertaining and recreational components, and that the program is Not licensed childcare. I/we authorize the program to obtain emergency medical care for my child. Any expenses incurred in obtaining such medical care will be paid by me/us.

Parent's signature: _____ Date: _____

Parent's signature: _____ Date: _____