# Vital Information

Child's Name:_____ DOB _____

Allergies _____

**Mother Information**

Name: _____

Work phone_____

Cell phone _____

Home phone_____

Email:_____

**Father Information**

Name: _____

Work phone _____

Cell phone _____

Home Phone_____

Email: _____

I give permission for my child to go on walks outside of Seven Oaks Academy on the sidewalk around Seven Oaks and be transported for Field Trips to various locations.

_____ _____

Parent signature Date

**Emergency Contact (if parent can not be reached) MUST HAVE 2 COMPLETE**

Name _____

Work phone_____

Cell phone _____

Home phone_____

Name_____

Work phone _____

Cell phone _____

Home phone_____

Persons Authorized to pick-up child

1_____2_____3_____

Persons not Authorized to pick-up child

1_____2_____3_____

Parents Comments_____

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