



Student Information Form

Child's Name: _____ Child's DOB: _____

Parent/Guardian #1 Name: _____

Parent #1 Address: _____

Parent #1 Email: _____

Parent #1 Home Phone: _____ Parent #1 Cell Phone: _____

Parent #1 Work Phone: _____ Parent #1 Employer: _____

Parent #1 Employer Address: _____

Parent/Guardian #2 Name: _____

Parent #2 Address: _____

Parent #2 Email: _____

Parent #2 Home Phone: _____ Parent #2 Cell Phone: _____

Parent #2 Work Phone: _____ Parent #2 Employer: _____

Parent #2 Employer Address: _____

My child has a mild allergy/sensitivity: Yes Not at this time

If yes, what is your child mildly allergic/sensitive to? _____

My child has a severe allergy that requires an EpiPen:

Yes. I will provide an EpiPen during summer camp.

Not at this time

If yes, what is your child severely allergic to? _____

*I understand every effort will be made to contact me in the event of a medical emergency. If I cannot be reached, I authorize AMIS to transport my child to the nearest hospital and secure the necessary medical treatment. I understand the staff is trained to perform first aid and CPR on my child, and I authorize them to do so if necessary. Yes No

Pediatrician Name: _____ **Pediatrician Phone Number:** _____

I authorize the application of sunscreen to my child: Yes No

I authorize the application of bug spray to my child: Bug spray containing DEET

Bug spray without DEET No bug spray

I give permission for my child's image to appear in newspapers, ads, the school website, brochures, online, etc. representing AMIS. Yes, I give permission No, I do not give permission

My child is currently under a doctor's care: Yes No

If yes, please share more: _____

My child is on continuous medication: Yes No

If yes, please share more: _____

My child has been previously hospitalized/had an operation: Yes No

If yes, please share more: _____

My child has a significant disease history or recurrent illness: Yes No

If yes, please share more: _____

My child has a physical or mental difference: Yes No

If yes, please share more: _____

Is there anything else we need to know that isn't covered here? _____

I understand it is fully my responsibility to update this information in writing with AMIS should any changes occur.

Signature: _____

Date: _____

Pickup Authorization

Name: _____ Relationship to Child: _____

Full Address: _____

Phone Number: _____

Name: _____ Relationship to Child: _____

Full Address: _____

Phone Number: _____