

Haygood Child Development Center

Haygood Weekday Children's Ministries, Inc.
1015 East Rock Springs Road N. E. Suite #100
Atlanta, Georgia 30306

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www.haygoodwcm.org

Student Information Form

Child Information

Child's Full Name _____ Date of Birth _____

Child's Preferred Name _____

Child's Address _____ Preferred Ph. # _____

Preferred E.mail for Haygood News and Financial information _____

Parent/Legal Guardian Information

Parent 1 Name _____ Home Phone _____ - _____ - _____

Parent 1 Address _____ Other Phone _____ - _____ - _____

_____ E.mail _____

Parent 1 Occupation/Employer _____

Work Phone _____ ext. _____ Work E.mail _____

Work Address _____

Parent 2 Name _____ Home Phone _____ - _____ - _____

Parent 2 Address _____ Other Phone _____ - _____ - _____

_____ E.mail _____

Parent 2 Occupation/Employer _____

Work Phone _____ ext. _____ Work E.mail _____

Work Address _____

Parents Marital Status: Married _____ Divorced _____ Single _____ Widowed _____
Separated _____

Name of Parent with Legal Custody _____

Child's Name _____

student info pg 2

Medical Information

Child's Physician _____ Phone _____

Physician's Address _____

Hospital Preferred for emergency treatment _____

Child's Known Allergies: (Please List All Below)

Medications taken regularly and reason for use _____

Insurance Company _____ Policy # _____

Emergency Contacts: (If parent is unavailable)

Name	Phone	Address	Relationship to Child

Child Release Information: Haygood may release my child to the following individuals, with my verified consent and the individual's certified identification.

Name	Phone	Address	Relationship to Child

I certify that the above information is correct and complete. I will notify the center immediately of any changes.

Parent Signature

Date

In case of a severe injury or illness, the Director, Office Manager or classroom teacher will first call the Fulton Medical Squad (911); then he/she will call the parent and make them aware of the emergency. If the parents or an emergency contact person are unavailable, the Director or appointed staff member will follow the emergency vehicle to the hospital.

If the injury is not serious enough to warrant a call to 911, but does require immediate medical attention, and the parent or emergency contact person cannot be reached, two staff members will transport the child to the hospital.

All minor injuries will be handled in house. If a minor illness occurs, the parents (guardian) or emergency contact person will immediately be contacted. If no emergency assistance is available, the child will remain in the Director’s office until school is over or until a parent or emergency contact person can be contacted.

I, _____, do hereby state that I am the parent or legal guardian
Parent or Legal Guardian

of _____.
Child’s name

As such, I authorize my child’s teacher, the Director of Haygood Child Development Center to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and advise of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent is unsuccessful. This authorization applies only during the hours my child is attending Haygood Child Development Center. If such a situation should arise, I understand medical care as the situation may reasonably warrant, will be secured.

Parent or Legal Guardian Signature

Date

Waiver of Liability

It is mutually understood that in the event of an accident or illness of my child while in the care of Haygood Child Development Center, the staff shall use their best efforts to contact the parents or legal guardians. In the event that the parent of legal guardian is not immediately available, however, the staff is authorized to secure such medical care as the situation may reasonable warrant.

It is agreed that where the school has acted in good faith to comply with an accident/illness of my child, any and all liability as might exist is expressly waived by the parent of legal guardian.

Parent or Legal Guardian Signature

Date