



Destined for a Dream Emergency Contact/Parental Consent Form

2016/2017

Section I: Student's Information *Please print clearly*
Program: Dream Academy 9-12 & Literacy First K-8

Program: _____

Today's Date: _____

Student's First Name: _____ Last Name: _____ Middle Initial: _____

Student's Information:

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Home Telephone Number: _____ Student's Cell Phone Number _____

Student's Email: _____ Grade: _____

School: _____ School District: _____

PARENT/LEGAL GUARDIAN INFORMATION

First Name: _____ Last Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____ Home Address: _____

Emergency and Medical Information

The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child in the event of early dismissal or illness; and 3) have the authority to speak on behalf of the parent or legal guardian

Full Name	Relationship	Home Number	Cell/Work Number
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_____	_____	_____	_____
Full Name	Relationship	Home Number	Cell/Work Number
_____		_____	
Family Physician		Physician Phone Number	



Student's Name: _____ Grade: _____

My child has allergies which are: _____

My child has medical concerns/ special needs/IEP which are: _____

My child takes medication (s) which are: _____

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE _____
ADMIN of MINOR First-Aid Procedures _____

Signature of Parent or Guardian

DATE

Please do not write below line. Thank You.

DFAD Staff Intials: Reviewed By: _____

