

# MAXIMUM ELEMENTARY

Child Information			
Last Name:	First Name:	Middle Initial:	Nickname:
Residence Address:		Mailing Address (if different):	
Parent Email:		Contact Number during school hours:	
Birthday:		Gender/ Race:	
Referred By (if applicable):		Start Date:	

Emergency Contact Information		
Please list the following for <b>TWO</b> separate people who could assume responsibility for your child should you not be available in case of emergency		
First and Last Name:	Daytime Contact Number:	Address:

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Medical Information for Child: Please understand any medications that are dispensed to your child during the school day must be handed to us in its original prescription bottle.

Name of Medication	Dosage	Dispensing instructions or other comments:

### Primary Care Provider Information:

Please provide the physical address for all listed below:	
Name of Primary Care Doctor:	Address:
Name of Dentist:	Address:
Name of Eye Doctor:	Address:
<p style="text-align: center;">Does your child wear glasses needed for school and or prescription contacts? If so, please list any instructions you need us to be aware of when it comes to these devices:</p>	

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Does your child have any health condition, mental health condition, medical diagnosis and/or learning disability? If so, please list appropriate diagnoses below:

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## Multimedia Permission

I give my consent for Maximum Elementary to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a school setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by the Maximum Elementary. Possible uses include educational, research, development, public service, or training activities, under the overarching vision and mission of Maximum Elementary. I understand that Maximum LLC owns the copyright to the multimedia material in which I, or my child may appear. The organization will assure that it conveys positive images of children and reflect childhood recommended practice.

Please complete a separate form for each participant. If the participant is under age 18, the participant's parent or guardian must sign this form.

Permission for Minor

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Name of Child: \_\_\_\_\_

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Parent/Guardian Name (Print)

Signature of Parent/Guardian:

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Date Daytime Phone