

INFORMATION AND PERMISSION SHEET

Child's Name _____ Date of Birth _____
Address _____ City/Zip _____
Home Phone (_____) _____ Cell # (_____) _____
Email Address _____

Mother's Name (Guardian) _____ Occupation _____
Mother employed at _____
Phone # (_____) _____ Cell # (_____) _____

Father's Name (Guardian) _____ Occupation _____
Father employed at _____
Phone # (_____) _____ Cell # (_____) _____

Child's Doctor _____ Phone # (_____) _____
Address _____ City/Zip _____
Child's Medical Insurance _____

IMPORTANT MEDICAL INFORMATION Please list the following information concerning your child.

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS THAT YOUR CHILD IS TAKING: _____

ADDITIONAL INFORMATION: _____

NEIGHBOR OR RELATIVE TO CALL IN AN EMERGENCY/RELEASE AUTHORIZATION

In the event of an emergency, or if I am unable to pick up my child from the Parent Education Program, I authorize my child to be released to the following people (identification will be required):

Name _____ Relationship to Child _____
Address _____ City/Zip _____
Phone # (_____) _____ Cell # (_____) _____

Name _____ Relationship to Child _____
Address _____ City/Zip _____
Phone # (_____) _____ Cell # (_____) _____

Name _____ Relationship to Child _____
Address _____ City/Zip _____
Phone # (_____) _____ Cell # (_____) _____

FIELD TRIP INFORMATION

Child's Name _____ has my permission to accompany the class on planned field trips and outings. Parents will always receive advance notification of all field trips.

Parent or Guardian Signature _____ Date _____

**Signature indicates that BOTH sides of this document have been reviewed.
Please notify your instructor if the information on this form needs to be updated.**

Child's Name _____ Birthdate _____ Age _____

IMMUNIZATIONS

Dear Parents or Guardians,

It is the policy of the Grossmont Adult School Parent Education Program to inform parents about current immunization schedules for infants and preschool children. Please consult with your pediatrician about the most recent information regarding recommended/required immunizations.

Ask your Parent Education teacher to provide you with a basic schedule for immunizations as recommended by the County of San Diego Department of Health Services. Contact eh Baby Shots Line at (800) 232-4363 for immunization information.

I hereby certify that my child, named above, is up to date with the recommended/required immunizations.*

Parent or Guardian Signature _____ Date _____

**If you as the parent do not follow the guidelines for immunization, please sign below that your child will not receive the suggested immunizations.*

Parent or Guardian Signature _____ Date _____

TUBERCULOSIS TEST

I understand that a TUBERCULOSIS SKIN TEST or X-RAY is required of the participating parent(s)/guardian(s) within one month of enrollment in the Parent Education Program. Due to these state requirements, if test results are not presented within one month of enrollment, parents will not be able to attend class until documentation is verified.

Date of TB TEST or X-RAY _____ Negative _____ Positive _____

Physician's Note _____ Teacher Verification _____

Save your TB test results for future classes. Results will be accepted for up to four years.

COMMUNITY CLINICS

Immunizations and TB tests are offered for a nominal fee at most community clinics. Please call for current information regarding clinic hours, fees, health services provided, etc.

Alpine Family Medicine 1620 Alpine Boulevard, Alpine	(619) 445-6200
Central Region Public Health Center 5202 University Avenue, San Diego	(619) 229-5400
Chase Avenue Family Health Center 1111 W. Chase Avenue, El Cajon	(619) 515-2499
Chula Vista Family Clinic 865 Third Avenue, Suite 133, Chula Vista	(619) 498-6200
East Region Public Health Center 460 N. Magnolia Ave., Suite 110, El Cajon	(619) 441-6500
Grossmont/Spring Valley Family 8788 Jamacha Road, Spring Valley	(619) 515-2555
Neighborhood Health Care 10039 Vine Street, Suite 2, Lakeside	(619) 390-9975