

## Annual Update

Child's Name _____	Child's Birth date _____
Mom's Name _____	Dad's Name _____
Address _____	Address _____
City, Zip _____	City, Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

### Emergency Information

**In the event that my child may require emergency medical, dental or surgical care while I am unable to be reached, I hereby give my consent to medical, dental or surgical treatment to:**

Doctor/Clinic Name: _____	Phone Number: _____		
Dentist : _____	Phone Number: _____		
Dentist's Address : _____			
Hospital Preferred: (circle one)	<b>Blank Children's</b>	<b>Methodist (Downtown)</b>	<b>Methodist (West)</b>
	<b>Mercy (Downtown)</b>	<b>Mercy (West Lakes)</b>	<b>Iowa Lutheran</b>

I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

**In an emergency please call: (In case parents are unreachable)**

Name/Relationship: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

**Pick Up Permissions-Please circle yes or no for the following:**

**Yes/No** I grant center staff the right to take photographs of my child engaged in center activities to be displayed within the center.

**Yes/No** I hereby give permission for my child to leave the center for a field trip in a vehicle provided by the center or on foot. I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parent to notify the center, in writing, of any changes.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Individuals **NOT** allowed to pick up the child: \_\_\_\_\_

Other custody situations the center should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date