



[Form updated 1-1-2018]

**DUE AUGUST 15<sup>th</sup>**

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ CBT Class: \_\_\_\_\_

Does the child have DRUG and/or other ALLERGIES? Circle one. Yes (List below) No

\_\_\_\_\_  
\_\_\_\_\_

Is the child taking any medications? Circle one. Yes (List below) No

\_\_\_\_\_  
\_\_\_\_\_

List any medications that the child carries with him or her. Parents must discuss these with the child's tutor in a face-to-face conversation.

Conference with \_\_\_\_\_ Date \_\_\_\_\_

Past medical history and other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Practice: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact information:

List two relatives or friends who can be reached locally if parents cannot be reached.

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to child \_\_\_\_\_

**HEALTH AND EMERGENCY RELEASE FORM (Page 2 of 2)**

**CLASSICAL BEGINNINGS TUTORIAL**

P.O. Box 2362, Chattanooga, TN 37409



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I, (parent or guardian) \_\_\_\_\_, give permission for the representatives of Classical Beginnings Tutorial to give and/or seek emergency treatment for (child) \_\_\_\_\_ when they deem it necessary. I give authority for my son/daughter to be taken by personal automobile or by ambulance to the nearest emergency facility in case of an emergency. I allow the above to administer treatment to (child) \_\_\_\_\_ in the event I am unable to be reached or present when care is needed. If the child's doctor or persons responsible for my child cannot be reached, I accept CBT's arrangements for emergency treatment and emergency room admittance and I assume responsibility for any costs involved. I certify that all the information provided concerning my child's health is current and accurate and will give prompt written notice of changes in my child's health or medications.

Parent or guardian signature:

\_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Father: Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother: Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

This additional space is provided for this HEALTH AND EMERGENCY RELEASE FORM to be NOTARIZED.