



Add to Database Form

Dear Parent or Legal Guardian,

By Filling out the form below you consent to share the provided information regarding your child with the supervisor or person emailed.

Child's Full Name: _____ Age: _____

Weight (lbs): _____ Height: _____

Parent's Full Name: _____ Emergency Phone: _____

Special Information

(Special medical conditions, sensitivities to medication, allergies): _____

I hereby consent to the participation of my child: ☐ Yes ☐ No

Email SafetyScan QR Code to: _____

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