

CONFIDENTIAL

Child's Name	Date of Birth / Age	School / Grade (if applicable)
Parent/Guardian Name	Phone Number	
Email Address	Home Address	
Preferred Method of Communication: <input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email Does your child currently receive speech/language services? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? (Ex: through a school district, private practice, etc.) _____		

Medical History: (check all those that apply):

- Does your child have severe or life threatening allergies? ☐ Yes ☐ No

☐ Insect (Bee/Insect): _____

☐ Food: _____

☐ Medication: _____

☐ Other: _____

Notice: Fort HealthCare does not provide student accident insurance. Such insurance is the responsibility of the parent/guardian and/or student, as well as all medical/dental costs due to accidental injury. I hereby authorize school district employees to call for emergency assistance, which could require a doctor, dentist, and/or ambulance. The information on this form may be shared with appropriate school staff.

Parent/Guardian Signature _____ **Date** _____



Consent Form for Photography, Filming, Advertising and Other Marketing Related Uses

I give my consent to use my photo in videotapes, film, photographs and recordings of me for broadcast, internet, social media, print publications, brochures, press releases, billboard, direct mail and other uses by Fort HealthCare.

In giving this consent, I release Fort HealthCare, their agents and assigns from any liability for any violation of any personal or property rights which I might have in connection with such materials, and waive any right to approve accompanying written or narrative material.

I represent that I am of full legal age, or if under the age of 18, I have my parent/guardian approval.

Date of Photo/Film _____ Location _____

Photographer/Videographer _____

Interviewer _____

Name of Person

Date

Signature

(Parent/Guardian Sig. Required if under the age of 18)

Date

(_____) _____
Contact / Phone Number