



# The Children's Developmental Class FAMILY and HEALTH INFORMATION FORM

Child's name \_\_\_\_\_ New student \_\_\_\_\_ Returning student \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION:

Child lives with:  both parents  mother  father  grandparents  grandmother  grandfather  
 stepmother  stepfather  guardian other \_\_\_\_\_

Siblings names/ages \_\_\_\_\_

Mother/female guardian's complete name \_\_\_\_\_ cell \_\_\_\_\_

Father/ male guardian's complete name \_\_\_\_\_ cell \_\_\_\_\_

**EMAIL:** Mother/female guardian \_\_\_\_\_

**EMAIL:** Father/male guardian \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

## CHILD'S MEDICAL INFORMATION:

Disability Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

I grant authority to the Community College of Baltimore County *Children's Developmental Class* staff, to provide necessary and reasonable emergency attention to my child while attending the *Children's Developmental Class*.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_