



# BROWNELL TALBOT

## 2020-2021 Auxiliary Services Children's Record

Directions: Please make sure to complete all blanks and return to  
Brownell Talbot, 400 N. Happy Hollow Blvd.  
Omaha, Nebraska 68132

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade going into: \_\_\_\_\_

Session(s) enrolled in (check all that apply):

- Extended Care - Raider Zone
- Enrichment Activities

### Parent or Guardian Information

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

### Person(s) authorized for release other than parents or guardians above:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note, identification of the above named people will be checked prior to release of your child.

### Emergency contact in the event parent or guardian cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Medical Information

Current health status or any health problems Brownell Talbot needs to be aware of to ensure the health and safety of your child:

Medication(s), if any:

Please list allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. *(Provide clear instructions in the event of exposure):*

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Any activities your child SHOULD NOT engage in: \_\_\_\_\_

### EMERGENCY INFORMATION

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Choice of Hospital: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

Hospital's Address: \_\_\_\_\_

In the event I cannot be reached to make arrangements, I hereby give my consent to Brownell Talbot to arrange for the above-named child to receive emergency medical care that may become reasonably necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



**BROWNELL  
TALBOT**