

List childhood diseases or serious illnesses your child has or had _____

Does your child have a serious allergic condition? Please be specific. (Examples: stings, food, medications.)

Does your child take asthmatic medication? _____ Does your child hear well? _____

See well? _____ What interventions / medications will help? _____

Does your child have any special needs that should be brought to our attention?

My child has permission to leave with the following people (**please include yourself and spouse**, if applicable):

	<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

I give my permission for my child to be photographed or videotaped during school activities. I understand that these photos or videos may be used to promote River Legacy Nature School.

____ Yes ____ No

Parent/Guardian Signature

I give my permission for my child's name, address and home phone number to be included on a class roster distributed to Nature School families. I understand that River Legacy Foundation will not release this roster for general distribution.

____ Yes ____ No

Parent/Guardian Signature