

# OLMC C.A.R.E.S. Program Registration for 2024-2025

Student's Name \_\_\_\_\_

Start Date: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Gender:  Male  Female

Does your child take medication on a daily basis?  Yes  No  
List daily medications:

Drug/Food Allergies:

MOTHER

FATHER

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

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

City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_ Ext \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_ Ext \_\_\_\_\_

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

## Local Emergency Contacts And Authorized Pick Up Persons Other Than Parents (must be 18 years or older)

<b>Name</b>			
<b>Home #</b>			
<b>Mobile #</b>			

## Medical Provider

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Insurance \_\_\_\_\_

Group/Plan # \_\_\_\_\_

Parent's **Full Signature** is required for each item below to indicate parental consent. Please sign each line individually.

Obtaining Emergency Medical Care \_\_\_\_\_ Transport to Hospital \_\_\_\_\_

Administer Minor First Aid \_\_\_\_\_ Photographs \_\_\_\_\_

Non-weather emergency plan: (**please check one**):  Parent / Adult Pick-Up  Bus  Walker

I, the parent/guardian: received/agree to the complete written program information/policies at the time of enrollment

agree to update the emergency contact/parental consent form information whenever changes occur

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_