

4. Immunization Information

I attest that immunizations are current or are in progress for my child(ren). I attest, under penalty of perjury, that to the best of my knowledge, the information is true and correct:

Print the First and Last Name of the person completing this section of the form:

First

Last

Relationship to the Child/Youth:

Signature of person completing this section of the form:

Date Signed

5. Child Emergency Information

Doctor's Name

Doctor's Address:

Doctor's Tel #:

Dentist's Name

Dentist's Address

Dentist's Tel #

Hospital preference in the event of emergency:

Or closest hospital (Circle choice) **Yes** **No**

Signature (required)

Date

