

WHITWORTH INSTITUTE OF MINISTRY

Elementary Child Information Sheet

Thank you for bringing your child. We are very happy to have her/him here and we will care for them with love and sensitivity. Your child's caregivers would like to pray for and prepare for your child. Sending in this form before your arrival gives us a unique opportunity to do this.

Name _____

Nickname _____ Age _____

Grade Entering _____

What are your child's likes/dislikes as favorite activities, etc? _____

How would you describe your child's personality? (shy, outgoing, calm, active) _____

How do you effectively handle misbehavior? _____

What does your child do when he/she is tired or "loses it"? _____

How does your child respond to new situations? _____

Have there been any **recent** experiences or problems that might color your child's time at WIM (new people/caregivers —excitement/stimulation)

Will your child need additional support during music, recreation or art? If yes, how can we best provide that additional support? _____

Allergies/Medical Problems: _____

Any other strengths/challenges we need to know about? _____

What other advice can you give us? _____

Does your child know how to swim? _____

(Please print the Information Sheet and Consent Form on separate sheets of paper)

CONSENT FORM

We require a permission form, which will allow us to obtain medical care for your child in case of emergency.

Child's Name _____ Birth date _____

PARENT'S NAME _____

CELL PHONE NUMBER _____

MEDICAL RELEASE: In case of emergency, I hereby give an agent of Whitworth University Institute of Ministry the permission to carry out the following procedure in this order:

1. Give immediate attention as requires.
2. Call 911 if appropriate.
3. Contact parents.

I understand that if I cannot be reached, the agent of the Whitworth University Institute of Ministry may authorize medical treatment as needed. I give permission to a licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deem necessary in the circumstances; and hereby absolve Whitworth University, the Whitworth Institute of Ministry, its agents and employees from any and all liability.

Signature of parent or guardian _____

Date _____

Who to call in an emergency if I'm not available:

Name _____

Phone # _____

Child is allergic to the following drugs: _____

If none, so state: _____

Child has the following medical conditions: _____

If none, so state: _____

Child has the following food allergies: _____

If none, so state: _____

(Please print the Information Sheet and Consent Form on separate sheets of paper)