

Happy Valley Children's Ranch Preschool  
7762 Quaker Street  
Arvada, Colorado 80007  
303-422-4220

**This form is required for all students returning to Happy Valley**

Dear Parents/Guardians,

To ensure our information is current, this form must be filled out and returned to Happy Valley by the first day of school. Thank you.

Date\_\_\_\_\_

Child's Name\_\_\_\_\_

Parent's/Guardian's Name(s)\_\_\_\_\_

Address\_\_\_\_\_

Phone #\_\_\_\_\_ Work #\_\_\_\_\_ Cell #\_\_\_\_\_

Child's Physician\_\_\_\_\_ Phone #\_\_\_\_\_

Medical Problems/Allergies\_\_\_\_\_

Person(s) authorized to pick up child from Happy Valley:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other changes\_\_\_\_\_

I give permission for\_\_\_\_\_ to receive emergency medical care as deemed necessary by local Hospitals, Doctors, Dentists or Emergency Health Care Facility. \_\_\_ Yes\_\_\_ No

In the event of a medical emergency, my child will be transported by ambulance to the nearest hospital. I will be responsible for any costs associated with emergency transportation and medical care for my child.

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

\_\_\_\_\_  
Date

I certify that the above entry is my signature and authorize its use for this document (please enter your initials).