

# Child Enrollment and Health Information ~ Addendum

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Who lives with the child? \_\_\_\_\_

Siblings: (names & ages) \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

<p><b>LIST THE NAMES OF ANYONE AUTHORIZED TO PICK UP THE CHILD, INCLUDING PARENTS</b></p> <p>_____</p> <p>_____</p> <p><i>Prior written notification is required if anyone other than these individuals plan to pick up the child.</i></p>
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## Health and Social Record

Does your child have health insurance coverage for treatment in an emergency? \_\_\_No \_\_\_ Yes

*If yes, please provide insurance information below and indicate the names of individuals authorized to have access to the health information about the child. Attach a copy (front & back) of the insurance card to this addendum.*

\_\_\_\_\_

\_\_\_\_\_

## Media Consent

I hereby agree and give permission for my child, \_\_\_\_\_, to be photographed, filmed, and/or videotaped for purposes of publication in Mini University, Inc. newsletters, newspapers, magazines, web-sites, or other printed or online media or broadcast by means of radio, computer (internet), or television transmission.

I hold **Mini University, Inc.** and    \_\_\_ **Montgomery County**            \_\_\_ **Miami Valley Hospital**  
   \_\_\_ **Wright State University**            \_\_\_ **Miami University**

free, harmless, and blameless from any and all liability resulting from the photographs, filming and/or videotaping. I understand this form signifies my consent.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent Signature)

\_\_\_ I do **not** give permission as defined above; however, Mini University, Inc. may photograph my child and use the photos exclusively for classroom use.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent Signature)