

# 6 to 6/ Operation Ascend Medical/ Health Form

Child's Last Name (Print) \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Languages Spoken in the Home \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_  
Allergies/Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian (Print) \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_  
Father/Guardian (Print) \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

## Early Release:

My child(ren) have my permission to: (Please check one)

Be picked up by \_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Languages Spoken in the Home \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_  
Allergies/Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian (Print) \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_  
Father/Guardian (Print) \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

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