

# SIERRA MADRE *Playhouse*

## Teen Council Parent Information Form

Student Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell number \_\_\_\_\_ Alternate number \_\_\_\_\_

Additional Emergency Contact Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Cell number \_\_\_\_\_ Alternate number \_\_\_\_\_

My child has the following allergies or special needs:

The following persons are authorized to pick up my child:

---

---

---

---

---

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