

**The Children's League**  
**393 North Street, Springville, NY**  
**716/592-9331 Fax 716/592-4683**  
[www.TLCny.org](http://www.TLCny.org)

Below you will find a Student Identification/Medical Information Form. We are requesting that you complete this information and return it to school as soon as possible. Also, please include a recent **photograph** of your child. We will place the form and photograph in a clear vinyl envelope and attach it to your child's backpack. When completing the form, please stay within the margins and do not write on the back.

Thank you for your help.

<b>THE CHILDREN'S LEAGUE , 393 North St, Springville, NY 14141 592-9331</b>	
Child's Name:	Date of Birth:
Home Address:	Town/Zip:
Parent/Guardian:	
Phone Numbers: Home:	Cell: Work:
Emergency Contact Name:	Relationship:
Phone Numbers: Home:	Cell: Work:
Alternate Emergency Drop-Off (name):	Telephone:
Address:	Town/Zip
Physician:	Telephone:
Add'l Physician Seen:	Telephone:
Allergies:	
Special Medical Condition (s):	
Special Medical Equipment/Supplies:	