

# First Coast Taekwondo

8970 103rd St Landing Suite 4  
Jacksonville, FL 32210

Phone (904) 778-2348  
Fax (904) 777-2277

## Child's Information

Child's full legal name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child's preferred name \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father's name \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

The child will be released only to the parent(s) authorized, or in the manner authorized in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Child's Physician Health Resource: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Has child had: Surgery \_\_\_\_\_ Serious Illness/Accident \_\_\_\_\_  
Allergies \_\_\_\_\_ Other \_\_\_\_\_

Special needs of child \_\_\_\_\_

**I give permission to consult a physician in case of emergency if I/we cannot be reached.**

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian Date

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## Authorization to Take into Custody

As a representative of First Coast Taekwondo, I am taking \_\_\_\_\_,  
Child's name

born on, \_\_\_\_\_, into custody for the purpose of escorting \_\_\_\_\_  
D.O.B him/her

to First Coast Taekwondo and/or field trips.

\_\_\_\_\_  
Elementary School Name

\_\_\_\_\_  
Grade of Student

\_\_\_\_\_  
Teacher's Name

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_