

**AUSTIN COMMUNITY COLLEGE
CHILDREN'S LAB SCHOOL
INFORMATION CHANGE FORM**

Please complete in **INK**. Print firmly to imprint all copies. Form must have a **parent signature**.
Check the type of change, then complete only the information you wish to change.

- | | | |
|---|--|--|
| <input type="checkbox"/> Home address/phone | <input type="checkbox"/> Physician change | <input type="checkbox"/> Permission to release |
| <input type="checkbox"/> Work address/phone | <input type="checkbox"/> Emergency contact | <input type="checkbox"/> Other |

Child's Name _____ DOB _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work Name and Address _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work Name and Address _____

Physician's Name _____ Phone Number _____

Emergency contact:

Name _____ Relationship _____

Primary Phone _____ Other Phone _____

Delete Add Release Person Yes No

Permission to release:

Name _____ Relationship _____

Primary Phone _____ Other Phone _____

Delete Add

Name _____ Relationship _____

Primary Phone _____ Other Phone _____

Delete Add Release Person

PARENT SIGNATURE _____ Date _____

Authorized Signature _____ Date _____

For Office Use Only

Distribution: Original to child's file Yellow to classroom