

Emergency / Health Information

Child's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____

Mother/Guardian: _____

Work Phone: _____ Cell Phone: _____

Father/Guardian: _____

Work Phone: _____ Cell Phone: _____

List 2 Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Care Card Number: _____

Child's Doctor: _____

Address: _____

Phone: _____

Are immunizations up to date: Yes _____ No _____

Child's Dentist: _____

Address: _____

Phone: _____

List any special problems: (Ex. Surgeries, blood transfusions, allergies, communicable diseases child has had, etc.) _____

(Parent Signature)

(Date)

(Parent Signature)

(Date)

****Please attach a recent photo of your child and parents/guardians. In the event of a natural disaster such as an earthquake these photo's may be necessary to ensure the safe return of your child(ren). ****