

## Medical Information

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any conditions of concern:

1. Allergies: \_\_\_\_\_

2. Health Conditions: \_\_\_\_\_

3. Behavioural: \_\_\_\_\_

## Emergency Contact

Parent/Guardian:

1. \_\_\_\_\_  
(Name & Relationship)      (Primary Phone #)      (Secondary Phone #)

2. \_\_\_\_\_  
(Name & Relationship)      (Primary Phone #)      (Secondary Phone #)

Emergency Contact & Pick-up Authorization:

*The following people are authorized to pick up this child from class:*

1. \_\_\_\_\_  
(Name & Relationship)      (Primary Phone #)      (Secondary Phone #)

2. \_\_\_\_\_  
(Name & Relationship)      (Primary Phone #)      (Secondary Phone #)

3. \_\_\_\_\_  
(Name & Relationship)      (Primary Phone #)      (Secondary Phone #)