## Child's Personal Data Sheet

Name		DOB					
		Mother's Name					
ome Address							
ityStateZIP	Pł	none					
ather's Employer							
lother's Employer							
ate enrolled in center							
ame of Center							
2. Emergency Contact Information Name of person to call if parents can	$\boldsymbol{n}$						
Relationship		Telephone					
Address							
Is this person authorized to take the	•						
Name Relationship  Address	Name	Relationship .		Name Address		ationshi 	
		State	~710		State	ZIP	
City State ZIP	City	State	ZIP	City	State		
Telephone		elephone		Tel	ephone		
& & & & & & & & & & & & & & & & & & &		1	***	***	<b>* * *</b> *		
3. Medical Information Child's Physician or emergency tree	eatment facility						
Address	City		State	Phone			
· .	Father Mother (CR)	OSS OUT WO	RDS THA	T DO NOT	APPLY)	of	
1,	Guardian	ve my consent to					
(Child's Name) duly representative, for said child to a duly licensed or recognized physician	receive medical or n or surgeon in cas	surgical aid as rese of an emergen	nay be deen	ned necessary e parents canno	and exped ot be reach	ient by a	
Consent is also given for the Director medical treatment, if the parents cam	r or his duly appoint ot be reached.	ntea representati	ve to transţ	oort said eniid	tor emerge	мсу	
Signed	Date	Witnes	Witness		Da	_Date	

hereby give/ do not givethe D		_		<del>)</del>
permission to give	aceta	minophen. I	understand I will be notified	
that the medication has been administered.				
Signature			Date	ng ing garantee the special sp
4. Immunizations: Please Provide a copy		****	* * * * * * * * * * * * * * * * * * * *	
Verified by Health Department Record	Physician's R	ecord	Other	
5. Disease History: List the dates of each		*****	<b>, , , , , , , , , , , , , , , , , , , </b>	
MeaslesMumpsGerman I	MeaslesChic	ken Pox	Whooping Cough	
Contracted Tuberculous: Yes/No	Frequent Ear	InfectionsYes	/No	
Frequent Throat Infection: Yes/No	Defective Hea	rt Yes/	No	
Other Conditions or Comments	Walter Market Control of the Control			
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6. Child's developmental needs: Physical or emotional problems the child n				
Child's special food needs: Formula	Diabetic d	liet	Allergies	
Special problems: Medications				
Allergies Skin Medical	Food	Temper	Tantrums	
DiabetesFrequent colds	Biting	Sun Se	nsitivity	
			¥	
SeizuresFainting Spells				
Requires help in: DressingUndressi				
Is Child toilet trained? Yes/No				
Favorite: Games	Toys		Foods	
Siblings? Yes/No_Name(s) of siblings:				
Type of child care used before				
Other useful information				<u> </u>
7. I, the parent/guardian of this child, unneeded.	y y y y y y y y y y y y y nderstand that I may	y ask for a co	nference with the caregiver(s) a	.S
Sionature			Date	
21 Sytterio	***	* * * * * * * *	A	
Additional comments:				