



Emergency Information Card

Child's Name	
Date of Birth:	Home Phone:
Address:	
Mother's Name:	Phone:
Father's Name:	Phone:
Emergency Contact:	Daytime Phone:
Child's Doctor:	Phone:
Medical ID #:	
Allergies:	
Medical Conditions:	
Medications:	
Other information:	

Child's Name: _____

Birth date: _____

Mother's Name: _____

Father's Name: _____

Allergy/Sensitivity

1. _____
2. _____
3. _____

I give my permission for the provider to post my child's information in the classroom in a location that is accessible to all staff. I understand that this location may be visible to other families.

Parent's name

Parent's signature

Date

4. Please check all the words that best describe your child:

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Destructive	<input type="checkbox"/>	Easily angered	<input type="checkbox"/>	Bright
<input type="checkbox"/>	Cheerful	<input type="checkbox"/>	Active	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>	Gives in easily	<input type="checkbox"/>	Excitable
<input type="checkbox"/>	Curious	<input type="checkbox"/>	Busy	<input type="checkbox"/>	Shares well	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	Sensitive
<input type="checkbox"/>	Slow learner	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Centered	Other: _____			
<input type="checkbox"/>	Shy	<input type="checkbox"/>	Jealous	<input type="checkbox"/>	Happy	Other: _____			

5. What foods does your child like?

6. What foods does your child dislike?

7. What makes your child mad or upset?

8. How well does your child get along with other children?

9. What do you find is the best way of handling your child?

10. Are there any "family" rules we should be aware of?

11. What is your child's favorite toys, games or activities?

12. Is your child toilet trained? () Yes () No

What words does your child use for toilet _____

13. How does your child express anger or frustration?

14. Does your child have any special fears? () Yes () No

Explain: _____

15. When your child is upset, what helps to comfort him/her?

16. How do you discipline your child? Explain:

17. Has your child been taking an afternoon nap? () Yes () No If so, how long? _____

If not, explain why? _____

18. Does your child have a special toy or blanket for nap? () Yes () No
If so, what is it? _____
19. Are there any special family situations? (Such as custody specifications, problems arising from situations etc.) () Yes () No
If so, explain: _____
20. Anticipated adjustment problems? () Yes () No
If so, explain: _____
21. Any disorders/developmental (slow, advanced) diagnosed or suspected? () Yes () No
if so, explain: _____

22. Has the child ever attended previous childcare? () Yes () No
23. Any problems at the previous daycare? () Yes () No
if so explain: _____
24. Expectations of home daycare: _____

25. Any special concerns or comments? _____

