

**Name of Child:** \_\_\_\_\_ **DOB (d / m / y)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Health Card:** \_\_\_\_\_  
 \_\_\_\_\_ **Allergies:** \_\_\_\_\_  
 \_\_\_\_\_ **Preferred Hospital:** \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Parent / Guardian Information:**

Parent / Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Parents are: Married \_\_\_\_ Living together \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Single \_\_\_\_  
 Custody Restrictions? \_\_\_\_ Yes Parent/Guardian with legal Custody: \_\_\_\_\_  
 \_\_\_\_ No

**Alternate/Emergency Child Pick Up Information (Other than Parents)**

Please list below, the people who have permission to pick up your child.  
*NOTE: Anyone picking up your child other than you MUST show picture identification.*

1<sup>st</sup> Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 2<sup>nd</sup> Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 3<sup>rd</sup> Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Although we will not release your child to anyone who is not on this list, without first hearing directly from you, we do need to be aware of any conflicts that may arise. Please list the names of those persons who are **not** permitted to pick up your child and explain.

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Reason: \_\_\_\_\_