

EMERGENCY/HEALTH INFORMATION

Child's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____

Mother: _____

Work phone: _____ Cell phone: _____

Father: _____

Work phone: _____ Cell phone: _____

Emergency Contacts: Name and phone number (List 2):

Child's Doctor: _____

Address: _____

Phone: _____

Are immunizations up to date? Yes _____ No _____

Child's Dentist: _____

Address: _____

Phone: _____

List any special problems: (ex. Surgeries, allergies, and communicable diseases child has had, etc.) _____

Parent Signature

Date

Parent Signature

Date