

# Building Blocks Learning Center

## Emergency Contact/Information Form

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

If there a nickname we should use for your child? (i.e. "Jimmy" for James) \_\_\_\_\_

**Parent #1 Info:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Place of Work \_\_\_\_\_

**Parent #2 Info:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Place of Work \_\_\_\_\_

Name and Phone # of two **emergency contacts** (other than parents):

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Name of Health Insurance Carrier for child \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_  
(Medical care, if required, will be paid for by parents)

(over, please)

**About your child:**

- Does your child have any food/dietary/contact/environmental allergies? Yes No

If yes, please list: \_\_\_\_\_

- Does your child have any medical concerns--special needs, medications, etc.? Yes No

If yes, please explain: \_\_\_\_\_

- Does your child receive any outside support--Early Intervention, Intermediate Unit, Lenape Valley, etc? Yes No

If yes, please explain: \_\_\_\_\_

- Does your child receive Speech Support? Yes No

- Does your child speak another language at home? Yes No If yes, please explain \_\_\_\_\_

- Does your child receive Physical/Occupational Therapy? Yes No

- Does your child have an IFSP/IEP? Yes (must submit copy to BBLC) No

- Which beverage should be offered to your child at snack? Diluted Apple Juice OR Water

- Any further information that may help us best serve your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature indicates my consent for emergency medical care: \_\_\_\_\_

My signature indicates that the above information is accurate: \_\_\_\_\_

Today's Date \_\_\_\_\_