

Child Emergency/Health Information Form

Child's Name _____ Birth Date _____

Child's Address _____
City _____ Zip Code _____

Child's Home Phone _____

Parent/Guardian's Name _____

Address of above (if different from child's) _____

Place of Employment _____ Occupation _____

Work Address _____ Work Phone _____

Phone where parent can be reached when child is in school _____

Email Address _____

Parent's Name _____

Address (if different from child's) _____

Place of Employment _____ Occupation _____

Work Address _____ Work Phone _____

Phone where parent can be reached when child is in school _____

Email Address _____

Who most likely will be dropping your child off in the morning?

Name _____ Relationship _____

Who most likely will be picking your child up in the afternoon?

Name _____ Relationship _____

Who else would you like to have permission to pick-up your child from the program?

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____



Is there anyone who does NOT have permission to take your child from school?

Name _____ Relationship _____

Name _____ Relationship _____

PLEASE NOTE: A copy of the court decision must be on file in order for the school to not release a child to his/her non-custodial parent.

EMERGENCY CONTACTS: If we are unable to get a hold of you directly, who could we contact in case of an emergency?

*****STATE LAW REQUIRES THAT YOU LIST AT LEAST TWO LOCAL CONTACTS OTHER THAN YOURSELVES*****

NOTE: Emergency contacts must also be authorized to pick up your child in an emergency.

Name _____ Relationship _____

Address _____ Phone Number _____

Name _____ Relationship _____

Address _____ Phone Number _____

Name _____ Relationship _____

Address _____ Phone Number _____

Physician's Name _____

Physician's Address _____

Physician's Phone _____

My child takes the following medications: _____

This medication affects my child in the following way(s): _____

My child is **allergic** to the following foods/and has the following special diet instructions: _____

My child has special health concerns as follows: _____

Dentist's Name _____

Dentist's Address _____

Dentist's Phone Number _____

Parent's Name: _____ Parent's Name: _____

D.O.B. _____ D.O.B. _____

