

# 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