

# 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 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 \_\_\_\_\_

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 DOB: \_\_\_\_\_

Parent's DOB: \_\_\_\_\_

Security Question: \_\_\_\_\_

Security Answer: \_\_\_\_\_