

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)

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Child's Doctor:

Address _____

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Phone:

Are immunizations up to date? Yes _____ No _____

Child's Dentist:

Address:

Phone:

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

Parent Signature

Date

Parents Signature

Date