

## 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 \_\_\_\_\_

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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.)

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_