



Medical Information /Information About Your Child:

Student Physician _____

Address _____ Phone _____

Insurance Carrier _____ Policy # _____

Student Dentist _____

Address _____ Phone _____

Insurance Carrier _____ Policy # _____

Hospital preference _____ Phone _____

Does the student have any physical impairments or allergies (bee stings, food(s), etc)?

_____ Yes _____ No If answer is "Yes," please Explain. _____

Is the student's immunization record up to date? _____

Please give any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

If you cannot call for your child, please give the names of the persons to whom the child can be released:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____