



MEDICAL CARE AND EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Caregiver/Guardian's Name: \_\_\_\_\_ (h): \_\_\_\_\_

(w): \_\_\_\_\_ (c): \_\_\_\_\_

Caregiver/Guardian's Name: \_\_\_\_\_ (h): \_\_\_\_\_

(w): \_\_\_\_\_ (c): \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies for child (medicine, food, bees, etc.) \_\_\_\_\_

---

Describe past serious illnesses or hospitalizations, with dates \_\_\_\_\_

---

Medicines currently take by child: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

Describe all physical conditions or illnesses which could affect the child's participation in the School's programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.)

---

---

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_

Other applicable information you would like to include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_