

# Child Emergency/Health Information Form

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

Child's Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address (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/Guardian's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address (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 \_\_\_\_\_

**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 \_\_\_\_\_

**Is there anyone else not previously listed who you would like to have permission to pick up your child?**

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.**

Physician's Name/Clinic: \_\_\_\_\_

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: \_\_\_\_\_

I hereby give Peace of Mind permission to have access to my child's medical records:

Parent/Guardian signature

Dentist's Name \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Dentist's Phone Number \_\_\_\_\_