



Health and Emergency Information
(required for each child in your care)

1. Child's Name _____ 2. Age _____ 3. Date of Birth _____
4. Child's Address _____ 5. Phone _____
6. Parent's Name _____ Parent's Address _____
(if different from child)
7. Arrival Time _____ Departure Time _____
8. Escort (persons other than parent authorized to pick up child)

Name	Address	Relationship	Phone
_____	_____	_____	_____

9. Parent's School or Employer _____
- | Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Emergency Contacts
- | Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Immunization Record:
- MMR (mumps, measles, rubella) _____ Yes _____ No If yes, dates _____
- Oral Polio Series _____ Yes _____ No If yes, dates _____
- DPT Series & Boosters _____ Yes _____ No If yes, dates _____
- Tuberculin Test _____ Yes _____ No If yes, dates _____

12. Does your child have any allergies? _____
 If yes, describe and list special precautions of treatment
13. Does your child take any medication, regularly? _____
 If yes, specify kind and time(s).
14. Has your child ever been hospitalized? _____
 If yes, give the dates and reasons.
15. Does your child have any chronic physical problems? _____
 If yes, give the dates and reasons.
16. Has child had: Measles ___ Mumps ___ Chicken pox ___ Meningitis ___ Diphtheria ___ Whooping Cough ___ Any other diseases _____
17. Child's Doctor or Clinic _____
 Name Address Phone
18. Medicaid Number _____ 19. Other Medical Insurance _____

Part I: To Grant Consent

In the event reasonable attempts to contact me at _____ or _____ at _____ have
 Phone Other Parent/Guardian
 been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ or in the
 Preferred Physician
 event the designed preferred practitioner is not available, by another licensed physician, and the transfer of the child to _____ or
 Preferred Hospital
 any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians,
 Concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. _____
 Parent/Guardian Signature

Part II. Refusal to Consent

I do not give consent for emergency treatment of my child. In the event of illness or injury requiring treatment, I wish the provider to take no
 Action or to _____
 Specific action

 Parent/Guardian Signature