

# HEALTH INFORMATION

2018 - 2019

**PLEASE PRINT**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE PRINT**

Mom's Name: \_\_\_\_\_

Phone Numbers (1) \_\_\_\_\_

(2) \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Phone Numbers (1) \_\_\_\_\_

(2) \_\_\_\_\_

**Contact Person (local) in case of emergency and person legally responsible cannot be reached:**

**PLEASE PRINT**

Name: \_\_\_\_\_

Phone Numbers (1) \_\_\_\_\_

(2) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

# HEALTH INFORMATION

continued.....

PLEASE PRINT

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PLEASE PRINT

Medications / Medical Restrictions:

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**Allergies:** (Medication, Food, Insects, Seasonal & etc.) and / or asthma and specific treatment. What reaction could the child have if exposed to allergen:

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*I hereby give my consent for the above child to be treated in case of emergency:*

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

Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_