

FAMILY INFORMATION:

Mother's Name: _____ Cell Phone: _____
Work Phone: _____ Occupation: _____ Email: _____

Father's Name: _____ Cell Phone: _____
Work Phone: _____ Occupation: _____ Email: _____

EMERGENCY INFORMATION: **Emergency contacts must be individuals other than the parents and must be authorized to act on behalf of the parent in case of an emergency**

Contact 1

Name: _____ Relationship: _____
Cell Phone: _____ Email: _____

Contact 2

Name: _____ Relationship: _____
Cell Phone: _____ Email: _____

Doctor: _____ Phone Number: _____
Address: _____ Preferred Hospital: _____

QUESTIONNAIRE:

List three things your child loves to do: _____

List any fears your child may have: _____

List any special concerns: medical, physical, emotional, or social - this would include allergies:

List any medications your child takes regularly (over-the-counter or prescription):

ADDITIONAL CONTACTS (these individuals have permission to pick up your child from school):

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list anyone whom you DO NOT want to pick up your child:
