**Child Information**

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| Childs Full Name: | DOB: | Child Age:  Room: |
| Address: | Siblings: | Pets: |
| **Mom Contacts**  1.  2.  3  Email: | **Dad Contacts**  1.  2.  3.  Email: | Lives with: |
| **Child medical Conditions:** | **Child Allergies:** | Child food requirements: |
| **Emergency Contacts if you are not available**:  1. Name  Number:  2. Name  Number:  3. Name  Number: | **Authorized Contacts to collect your Child:**  **1. Name**  **Number:**  **2. Name**  **Number:**  **3. Name**  **Number:**  **Permission/Signed by Parent:**  **Date:** | Parent Pick Up:  Yes  No |
| **I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted**  **Signed: Date:**  **Print:** | Doctor Details: | **Hospital Preference:** |