**Child Information**

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| Childs Full Name: | DOB: | Child Age:Room: |
| Address: | Siblings: | Pets: |
| **Mom Contacts**1.2.3Email: | **Dad Contacts**1.2.3.Email: | Lives with: |
| **Child medical Conditions:** | **Child Allergies:** | Child food requirements: |
| **Emergency Contacts if you are not available**:1. NameNumber:2. NameNumber:3. NameNumber: | **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:** |