

CONFIDENTIAL INFORMATION HISTORY

Child's Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	
Birth date	Preferred Name		
_____	_____		

Mother's Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	
Home Phone	Work phone	Cell	
_____	_____	_____	

Father's Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	
Home Phone	Work phone	Cell	
_____	_____	_____	

EMERGENCY INFORMATION

Child's Physician _____
Address _____ Phone _____
Name of Insurance Company _____
Policy Number _____

LIST ALL ALLERGIES _____

LIST ALL MEDICAL CONDITIONS _____

Persons to be contacted if you can't be reached: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

Name _____	Name _____
Phone _____	Phone _____

Name _____	Name _____
Phone _____	Phone _____

Name _____	Name _____
Phone _____	Phone _____