

ADDITIONAL INFORMATION

Child: _____ Nickname(s): _____

Date of birth ___/___/___ and last Tetanus Booster ___/___/___ for the above named child.

The following is a list of known allergies and allergies to medications of the above named child:

The above named child has the following known medical conditions or problems:

The above named child is currently prescribed the following prescriptions medications at the following frequencies and other instructions: _____

Family Physician: _____ Phone Number: _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____; (W) _____; (Other) _____

Person Responsible for charges: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____; (W) _____; (Other) _____

Other Person to notify if parent/guardian is unavailable: _____

Phone: (H) _____; (W) _____; (Other) _____

Insurance Company: _____ Policy or Group Number: _____

Signature of Financial Guarantor (required if different from parent/guardian): _____

Date: _____

Print and complete one sheet per child