

Medical Information

Is your child presently taking medications? Yes _____ No _____

If so, please list medications

Does your child have allergies or is your child allergic to certain foods or medicines? If so, please list.

Other health concerns _____

Is your child covered by insurance? Yes _____ No _____

Insurance Name: _____ Policy # _____

Doctor's Name: _____ Phone # _____

Permission to seek medical treatment if unable to contact parent/guardian:

Yes _____ No _____

Preferred Hospital: _____

The following people have my permission to pick up my child from Extended Care:

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

3. Name: _____ Phone # _____