



*MEDICAL INFORMATION*

Name of Doctor/Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_

**EMERGENCY INFORMATION**

**Incase of an emergency, every effort will be made to reach the parent. Please provide names of persons to be contacted in an emergency if parents are not reachable.**

**1<sup>st</sup> contact Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Cell Ph/Pager:** \_\_\_\_\_

**2<sup>nd</sup> contact Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Cell Ph/Pager:** \_\_\_\_\_

Please comment on your child's overall health:

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Is your child unable to participate in certain school activities? If yes, please list activities and reason.

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Is your child currently being treated for any medical condition? \_\_\_\_\_

If yes, please state condition and what medication is the child on:

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Does your child have any allergies or dietary needs? \_\_\_\_\_

If so, what is your child allergic to or dietary needs? \_\_\_\_\_

Is there any previous history of communicable diseases that the School should be made aware of?

\_\_\_\_\_

Does your child have any problems with hearing or vision? \_\_\_\_\_

Has he ever had a hearing or eye test? \_\_\_\_\_ Results \_\_\_\_\_

**PLEASE INCLUDE IMMUNIZATION RECORD:**

**How did you find out about Blue Elephant Daycare?**

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**Date of Admission:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_ **Reason for withdrawal:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_