

Child Information Sheet**Child Information Sheet****Child's Information:****Date:**

First Name: _____ Last Name: _____

Address: _____

Allergies/Special Instructions/Comforting Techniques/Favorite Foods, Toys, Things To Do:

Parent/Guardian Information (1):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Work Phone: _____

Work Email: _____

Work Name and Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Parent/Guardian Information (2):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Work Phone: _____

Work Email: _____

Work Name and Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Emergency Contact Information (1):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Information (2):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Information (3):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

People With Permission To Pick Up Child (always request identification):

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Doctor Information:

Pediatrician Name: _____

Pediatrician Address: _____

Pediatrician Phone: _____

Additional Medical Information: _____

Other:

Other instructions, concerns, restrictions: _____

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