Child's name:	
Child's date of birth:	
Child's phone (if applicable):	
Child's social security number:	
Parent's name:	
Parent's phone:	
Parent's address:	
Parent's name:	
Parent's phone:	
Parent's address:	
Is there a court order about custody or visitation of your child? If yes, please explain.	
School name:	
School address:	
School phone:	
Principal's name:	

Class number:	
Teacher's name:	
Teacher's phone:	
Afterschool program name:	
Afterschool location:	
Person to contact:	
Phone number:	
Other camp/sports/ program name:	
Other camp/sports/ program location:	
Other camp/sports/ program phone number:	
Child's doctor's name:	
Child's doctor's phone:	
Child's doctor's email:	
Child's doctor's address (or hospital):	

Health insurance provider:		
Policy number:		
Medication(s), what is it for, how often is it taken? If your child does not take any medications, write "N/A."		
List your child's medical conditions here. If your child does not have any medical conditions, write "N/A."		
List your child's allergies here. If your child does not have any allergies, write "N/A."		
If your child has any special needs, write them here.		
People who can care for your child		
Name:		
Phone:		



Email:		
Address:		
Name:		
Phone:		
Email:		
Address:		
People who cannot contact your child Is there anyone who cannot contact your child? If yes, list his or her information below.		
Name:		
Phone:		
Email:		
Address:		