

# Personal Information

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## Child Information

Name - First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Preferred Name / Nick Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
School \_\_\_\_\_ Year \_\_\_\_\_

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## Parent(s) / Guardian(s) Information

Name - First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Relationship to Child (please check one)  Father  Mother  Legal Guardian  Other \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 This is the Childs primary residence (more than half the time)

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## Parent(s) / Guardian(s) Information

Name - First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Relationship to Child (please check one)  Father  Mother  Legal Guardian  Other \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 This is the Childs primary residence (more than half the time)

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## Medical Information

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Physicians Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Medical Conditions

Please List any medical conditions that your child has that we should be aware of. Please include Allergies, Medical Allergies, Food Allergies, and any special dietary needs.

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## Medications

My child takes the following medications:

Prescription Name _____	Reason for use _____	Frequency of use _____
Prescription Name _____	Reason for use _____	Frequency of use _____
Prescription Name _____	Reason for use _____	Frequency of use _____

## Emergency Contact Information

In case of emergency please call

- 1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
- 2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
- 3) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please list any other information of importance on the back of this sheet**

