

Important Information on My Child - Today's Date (month, day, year) ___ - ___ - _____

Father's Name(s): First _____ Last _____

Father's Phone(s): (____)____-____ (Cell) (____)____-____ (Home) (____)____-____ (Work)

Mother's Name(s): First _____ Last _____

Mother's Phone(s): (____)____-____ (Cell) (____)____-____ (Home) (____)____-____ (Work)

Child's Name (first name, middle initial, last name)

Date of Birth (month, day, year)

Child's Cell Phone Number (if applicable) (area code and number)

School Name

School Address

School Phone Number (area code and number)

Teacher's Name (first name and last name)

Teacher's Phone Number and/or Email (if applicable)

Classroom Number

Afterschool Program or Caregiver (if applicable)

Afterschool Program or Caregiver's Phone Number

Child's Medical Conditions (surgeries, broken bones, mental disabilities, etc.)

Child's Dental Conditions

Child's Allergies

Child's Medications (current and "recent" past ones)

Child's Vaccinations

Doctor's Name

Doctor's Phone Number (area code and number)

Doctor's Address

Health Insurance Info (company's name and policy number)

Other Comments