

**EMERGENCY/CONTACT INFORMATION:**

Date Form Completed \_\_\_\_\_

Date of Admission \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Current Age (Y.M) \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local School District \_\_\_\_\_

Child's Race/Ethnicity \_\_\_\_\_ Cultural Background \_\_\_\_\_ Religion \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Work \_\_\_\_\_ Mother's Work \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

If one of the child's parents does not live at the child's home address, please give address and telephone #:

\_\_\_\_\_

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The State of Ohio requires three (3) emergency contacts in the event that a parent cannot be reached.

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please list the name(s) of other individuals your child may be released to:

\_\_\_\_\_

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Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Health Record Summary**

List of Allergies: \_\_\_\_\_

List of Chronic Physical Problems: \_\_\_\_\_

List any diseases child has had: \_\_\_\_\_

History of Hospitalization: \_\_\_\_\_

List any medications, food supplements, and modified diet or fluoride supplements currently being administered to child: \_\_\_\_\_

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