



EMERGENCY CONTACTS AND INFORMATION

Child's Name: _____

Parent's Full Name: _____ **Home Phone:** _____

Complete Address: _____

Mother's Work No.: _____ **ext.** _____ **Cell Phone:** _____

Name of Employer _____

Father's Work No.: _____ **ext.** _____ **Cell Phone:** _____

Name of Employer _____

Special Instructions for contacting parents at work: _____

Primary Emergency Contact (other than parents or guardian). Minimum of two people.

Name: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian). Name:

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____

2. Child's Dentist: _____ Phone: _____

3. Preferred Hospital: _____ Phone: _____

4. Insurance Company: _____ Policy #: _____

5. Regular Medications: _____

6. Blood Type: _____

7. Medicine allergic to: _____

8. Food Allergies: _____

9. Any other Allergies: _____

10. Immunization Record: Date of Last Immunization: _____

11. Any special health conditions: _____



12. Child has had:

- Measles
- German Measles
- Chicken Pox
- Mumps
- Whooping Cough
- Other _____

Child suffers from:

- Headaches
- Earaches
- Sore Throat
- Stomach Aches
- Flu / Colds
- Other _____

IMMUNIZATION RECORD

DPT 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___

Polio 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___

MMR ___/___/___ Measles ___/___/___ Mumps ___/___/___

Rubella ___/___/___ TB ___/___/___ HIV ___/___/___ HIB ___/___/___

ALLERGIES & PRECAUTIONS

List any allergies, including food allergies, and any special precautions and/or treatment required for these allergies:

MEDICATIONS CURRENTLY BEING TAKEN

List medications, food supplements, or fluoride supplements being taken by your child:

ADDITIONAL MEDICAL INFORMATION

List any medical problem we should be aware of that may require special consideration or treatment



EMERGENCY RELEASE

Consent to Emergency First Aid & Transportation:

I, _____ (parent/guardian), hereby grant my consent for _____ (child's name), to be given emergency treatment by a staff member at Munchkins. I also give permission for my child to be transported by car or ambulance to an emergency centre for treatment, and agree to hold Munchkins and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately during a medical emergency, I, _____ (parent/guardian), hereby grant my consent for _____ (child's name), to be given emergency medical or surgical treatment as prescribed by a treating physician, and hold Munchkins and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Administer Medication:

In the event that my child is ill, I, _____ (parent/guardian), grant my consent for Munchkins, to administer medication to _____ (child's name), as prescribed by a treating physician or by me, the parent, for over-the-counter medications as follows:

Name of Medication: _____ Date to begin: _____ End: _____

Amount of dose: _____ Times to be given: _____

Additional Instructions: _____

Possible side effects: _____

Parent's Signature _____ Date: _____