

**PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRITY**

**In case of an emergency, please contact:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Allergies: (List any allergies your child may have and how he/she reacts)**

**Medicines:** \_\_\_\_\_

**Foods:** \_\_\_\_\_

**Animals/Pollen/Dust, etc.** \_\_\_\_\_

**Bee stings/Insect bites:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Chronic Illness (Asthma, Diabetes, etc.)**

\_\_\_\_\_

**Daily medications (What kind and how often?—detailed instructions)**

\_\_\_\_\_

**Any impairments, physical disabilities or past medical condition we may need to know?**

\_\_\_\_\_

\_\_\_\_\_

**Any emotional problems we may need to know?**

\_\_\_\_\_

**Does your child ever suffer from motion sickness?** \_\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_\_

**Doctor's name and phone:** \_\_\_\_\_

**Medical insurance carrier:** \_\_\_\_\_

**Policy or group number:** \_\_\_\_\_

**Policy holder's name & Social Security number:** \_\_\_\_\_

\_\_\_\_\_