

## Health and Accident Information

Child's Last Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Health Insurance Group and Provider # \_\_\_\_\_

***Emergency Release: In an emergency, I give my permission for treatment of my child(ren) by a qualified physician in the event that I cannot be reached by phone at the phone numbers listed. I also give permission for a certified staff member to administer first aid/CPR if the need arises.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

In the event of any emergency where the telephone lines are interrupted in our area, please provide a name and phone number of someone who lives out of state and east so that family information might be relayed to you. Please remember to provide the area code.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area Code