

Child's Admission Record

Today's Date: _____ Date of Enrollment: _____

Child's Information:

Child's Name: _____ Date of Birth: _____

Name by which child is most often called:

Home Address: _____

_____ Telephone Number: _____

Father's Information:

Name: _____

Home Address: _____

_____ Telephone Number: _____

Employer: _____ Telephone Number: _____

Address: _____

Days and Hours of Employment: _____

Mother's Information:

Name: _____

Home Address: _____

_____ Telephone Number: _____

Employer: _____ Telephone Number: _____

Address: _____

Days and Hours of Employment: _____

Emergency Contacts:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Child's Doctor:

Name: _____ Telephone Number: _____

Address: _____

Child's Dentist:

Name: _____ Telephone Number: _____

Address: _____

For Provider's Use Only: Date of Withdrawal: _____

Emergency Treatment Information and Authorization

I, (name of parent) _____, agree to the administration of emergency medical treatment to my child, (name of child) _____, by a duly qualified health practitioner in my absence. I authorize, (name of provider) _____, to arrange for such emergency medical treatment until such time as I can be present.

Signature: _____

(Sign in Presence of Notary) Date: _____

To be Filled in by Notary Public: _____

Sworn and subscribed before me this _____ day of _____ 20 _____.

Signature: _____

What, if any, illness has your child had in the past month?

Is your child currently taking any type of medication? (circle one) Yes No

If yes, explain:

What, if any, allergies does you child have?

List any chronic or handicapping problems your child has, such as seizures, asthma, diabetes, heart disease, or respiratory illness:

Parent's hospitalization insurance or medical assistance plan:

Carrier: _____

Identification Number: _____

Policy is in name of: _____