# Whispering Pines Preschool
## EMERGENCY CARE INFORMATION

Gender:___ M___ F START DATE:_____ END DATE:_____

Child's name: _____ DOB: _____

Address: _____ Phone: _____(H)

_____ Phone: _____(W)

Parents: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Hospital preference: _____

Does your child have any allergies? ___ Yes ___No (if Yes, what is your child allergic to?)

_____

Medications: _____

Medical Insurance: _____

Would you like Information on Child Health Plus? ___ Yes ___No

Emergency Contact People:

1) Name: _____
Phone: _____

2) Name: _____
Phone: _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs, please discuss those with your child-care provider.

Signature: parent or person(s) legally responsible

_____ Date: _____