

CHILD'S INFORMATION CARD

Head Start Center _____ Teacher _____

Child's Name _____ Birth Date _____

Guardian's Name _____ Relationship to Child _____

Residence of Child _____
Street Address _____

City _____

State _____

Zip Code _____

Home Phone _____ Work Phone _____

Doctor's Name _____ Phone _____

Hospital Preferred _____

Known Allergies _____

Allergies to Medications _____

Medications Currently Taking _____

In Case of Emergency Contact (Other Than Guardian)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Pick-up Location _____

Drop-off Location _____

Person(s) Boarding and Removing From Bus _____

My child may be released to the following person(s):

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Parent's Signature _____

Date _____