

Child's File

	NAME OF CHILD	INFO W/ NEXT OF KIN & EMERGENCY PHONE #	ADDRESS & PHONE # OF DOCTOR	ADDRESS & PHONE # OF DENTIST AND HOSPITAL OF CHOICE	PHYSICAL EXAM OR STATEMENT OF HEALTH (MUST BE WITHIN THE LAST 12 MO)	PERMISSION TO SECURE EMERGENCY CARE IN CASE OF ACCIDENT OR ILLNESS HEALTH & DENTAL	PERMISSION FOR FIELD TRIPS AND NON- CENTER ACTIVITY	ANNUAL PERMISSION FORM FOR PERSONS ALLOWED TO PICK UP THE CHILD	IMMUNIZATION CARD COMPLETED (SEPARATE FROM CHILD'S FILE)	ANNUAL UPDATE OF FILE
1	Example: Jane Doe	Y	Yes		03/01/16	03/01/16	03/01/16	03/01/16	Y	03/1/16
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										