

COMMUNITY CHRISTIAN CHILD DEVELOPMENT CENTER

UPDATE INFORMATION SHEET

Child's Name _____ Age _____ Birth Date _____

Address _____

Child's Father _____ Home Phone _____

Employer _____ Work Phone _____

Child's Mother _____ Home Phone _____

Employer _____ Work Phone _____

Pager Numbers _____ Cell phone Numbers _____

Email Addresses _____

Special Instructions for Contacting Parent(s) _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Office Phone _____

Address _____

Name of Child's Dentist _____ Office Phone _____

Hospital Preference _____ Office Phone _____

List Any Known Allergies _____

PEOPLE AUTHORIZED TO ACT FOR PARENTS IN CASE OF AN EMERGENCY

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

CHILD RELEASE

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

LIST OTHER MEMBERS IN HOUSEHOLD

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I, emergency contact persons, or the family physician can be contacted immediately.

Signature of Parent

Date