

EMERGENCY INFORMATION

Child's Name (first) _____ (last) _____
 DOB _____ TennCare/Ins. Plan w/ #: _____ Home Phone: _____

HEALTH CARE INFORMATION

Doctor Name	Address	City	State	Zip	Phone()
Dentist Name	Address	City	State	Zip	Phone()

IMPORTANT MEDICAL NEEDS/DIET RESTRICTIONS/ALLERGIES:

I understand that my child cannot attend the Center without up to date immunizations including HIB vaccine and a completed physical exam, unless certain unusual circumstances are documented and verified by the Health Services Manager.

Parent Initial: _____

I understand the Head Start emergency medical/dental procedures and give consent for emergency medical/ dental care including transportation for my child if needed.

Parent Initial: _____

CONTACTS

Parents/guardians, listed as living in same household, are automatically authorized, unless noted below.

1. Name	Home Phone: ()	Other Phone C M P W ()	Emergency Rel: Yes No Release to? Yes No
Address:	City:		
State: Zip Code:	Relationship: (mother)		
2. Name:	Home Phone: ()	Other Phone: C M P W ()	Emergency Rel: Yes No Release to? Yes No
Address:	City:		
State: Zip Code	Relationship (father)		
3. Name:	Home Phone: ()	Other Phone: C M P W ()	Emergency Rel: Yes No Release to? Yes No
Address:	City:		
State: Zip Code	Relationship:		
4. Name:	Home Phone: ()	Other Phone: C M P W ()	Emergency Rel: Yes No Release to? Yes No
Address:	City:		
State: Zip Code	Relationship:		
5. Name:	Home Phone: ()	Other Phone: C M P W ()	Emergency Rel: Yes No Release to? Yes No
Address:	City:		
State: Zip Code	Relationship:		

DO **NOT** RELEASE MY CHILD TO: _____

TRANSPORTATION INFORMATION: (Circle one) 1. Parent will transport to Center 2. Parent will transport to pick up point 3. Needs bus service

Pick up location _____ Drop off location _____

If, because of emergency, I cannot be home to receive my child, deliver to : (Must be on bus route or within 1 mile)

Name: _____ Relationship: _____ Phone: _____ Address _____

Directions: _____

I verify that all of the above is correct and understand that a new form will be required for future changes. I understand that bus service will be discontinued if problems occur.

Parent Signature _____ Staff Signature _____ Date _____