

The Sunshine House

Child Emergency Information

Child's Name: _____ Date: ___/___/___

Birth date: ___/___/___ Gender: M / F Allergies: _____

Parent Name: _____ Relationship to child: _____

Work Phone: _____ Cell Phone: _____

Employer: _____ Hours at work: _____

Parent Name: _____ Relationship to child: _____

Work Phone: _____ Cell Phone: _____

Employer: _____ Hours at work: _____

Emergency Contact Name: _____ Relationship to child: _____

Work/Home Phone: _____ Cell Phone: _____

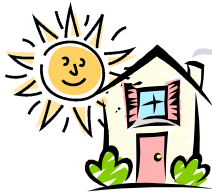
Name of Child's Physician: _____

Address: _____ Phone: _____

Name of Child's Dentist: _____

Address: _____ Phone: _____

Medications & dosages the child takes regularly: _____



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