

## Infant, Toddler, Preschool Age – Child Health Exam Form

### PARENTS/GUARDIAN COMPLETE PAGES 1 and 2 – Child Information

Child's name		Child's birthdate	Name of center, provider, or preschool
Parent 1 name		Parent 2 name	
Child home address #1		Telephone # 1	
Child home address #2		Telephone #2	
Where parent # 1 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email	
Where parent # 2 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email	
<p><b>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parent/guardian.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</b></p> <p>Parent/Guardian Signature: _____ Date _____</p> <p>Alternate emergency contact person's name: _____ Phone number: _____</p> <p>Relationship to child: _____ Cellular number: _____</p>			
Child's doctor's name	Doctor telephone # 1	Hospital choice	
Doctor's address	After hours telephone #	Does child have health insurance? <input type="checkbox"/> Yes, Company _____ ID #	
Child's dentist's name	Dentist Telephone # 1	Does child have dental insurance? <input type="checkbox"/> Yes, Company _____ ID#	
Dentist's Address	After hours telephone #	<input type="checkbox"/> NO, we do not have health insurance.  <input type="checkbox"/> NO, we do not have dental insurance.	
Other health care specialist name	Telephone #	<input type="checkbox"/> Please help us find health or dental insurance.	
Type of specialty			

Child Name: