



## VITAL INFORMATION CARD

ENTRY DATE: \_\_\_\_\_  
WITHDRAWAL DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ NICKNAME: \_\_\_\_\_ SEX: M F

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ HOURS AT WORK: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ HOURS AT WORK: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

E-MAIL ADDRESS: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_ DOCTORS PHONE #: \_\_\_\_\_

Emergency contact (other than parents) 1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Persons authorized to pick child up: 1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Persons *NOT* authorized to pick child up: \_\_\_\_\_

Name and phone # of any other program child attends \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_

I give my permission to have my contact information shared with other families enrolled and Fun and Friends, as well as to serve as a contact for perspective families.