

CCHC

EMERGENCY CONTACT INFORMATION

Name of Parent(s) / Guardian(s)

Physical Address

Mailing Address (if different)

Cell Phone Number(s) to contact in case of emergencies or cancellations.

Child 1 Name

Birthdate

Child 2 Name

Birthdate

Child 3 Name

Birthdate

Name, Address and Contact Number of a Responsible Adult for when you can't be reached.
Relationship.

Name(s), Addresses and Contact Number(s) of Adult(s) with permission to pick up your child.
Relationship(s).

Please provide any additional information or instructions if you wish.

THANK YOU!

CCHC
MEDICAL INFORMATION

Child 1 Name _____

Please describe any allergies of concern:

Please describe any medical conditions of concern, such as might limit your child's physical abilities:

Please describe any prescriptions your child may need to take during the instructional day, and instructions for proper administering.

Child 2 Name _____

Please describe any allergies of concern:

Please describe any medical conditions of concern, such as might limit your child's physical abilities:

Please describe any prescriptions your child may need to take during the instructional day, and instructions for proper administering.

Child 3 Name _____

Please describe any allergies of concern:

Please describe any medical conditions of concern, such as might limit your child's physical abilities:

Please describe any prescriptions your child may need to take during the instructional day, and instructions for proper administering.

Please provide any additional information that you would like CCHC to have in case of a medical emergency, such as the name, address and contact number of your family physician or additional instructions.

THANK YOU!