

### Child's File Form

NAME OF CHILD	INFO W/ NEXT OF KIN & EMERGENCY PHONE #	ADDRESS & PHONE # OF DOCTOR	ADDRESS & PHONE # OF DENTIST AND HOSPITAL OF CHOICE	PHYSICAL EXAM OR STATEMENT OF HEALTH (MUST BE WITHIN THE LAST 12 MO)	PERMISSION TO SECURE EMERGENCY CARE IN CASE OF ACCIDENT OR ILLNESS HEALTH & DENTAL	PERMISSION FOR FIELD TRIPS AND NON- CENTER ACTIVITY	ANNUAL PERMISSION FORM FOR PERSONS ALLOWED TO PICK UP THE CHILD	IMMUNIZATION CARD COMPLETED (SEPARATE FROM CHILD'S FILE)	ANNUAL UPDATE OF FILE
1	Example: Jane Doe	Y	Yes	03/01/16	03/01/16	03/01/16	03/01/16	Y	03/1/16
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