

Blue Sky Kindergarten
3046 11th Street, Boulder, CO 80304, 303-443-4965
Medical Information Form

Please type or print all information

Today's Date: _____

Child's Name _____

Date of Birth _____

In case of emergency, call:

<u>Parent #1</u>		
Name _____	Home Phone _____	
Address _____		
City/State _____	Zip _____	Cell/Pager _____
Employer _____	Work Phone _____	
Employer's Address _____		
<u>Parent #2</u>		
Name _____	Home Phone _____	
Address _____		
City/State _____	Zip _____	Cell/Pager _____
Employer _____	Work Phone _____	
Employer's Address _____		

Additional local persons who can be called in emergency if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Address _____ City/State _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ City/State _____ Zip _____

Physician:

Name _____ Office Phone _____

Address _____ Emergency Phone _____

City/State _____ Zip _____

If Physician cannot be reached, the school should (check one):

_____ Call the nearest emergency hospital

_____ Other (please specify)

Dentist:

Name _____ Office Phone _____
Address _____ Emergency Phone _____
City/State _____ Zip _____

Medical Insurance Carrier:

Name _____ Group No. _____ ID No. _____

_____ No Insurance (please check if applicable)

MEDICAL BACKGROUND

List any allergies your child has, including allergies to medications:

List and explain any continuing medication your child is taking:

What additional medical information should your child's teachers have for dealing with an emergency situation?

Has your child:

Been hospitalized at any time since birth? Yes _____ No _____

For what? _____

Had any surgery? _____

Had any serious injuries (type and dates)? _____

What serious illnesses are in the family history? _____
