

Setauket Parents Playschool

160 Main St., East Setauket, NY 11733

HEALTH INFORMATION

Child's Name _____ Date of Birth _____

Address _____ Sex _____ Age _____

Phone Numbers Mom(Home) _____ (cell) _____ (Business) _____

Dad (Home) _____ (cell) _____ (Business) _____

Physician's Name _____

Physician's Address _____ Phone Number _____

Emergency Contact if Parent cannot be reached:

1. Name _____

Address _____ Home Ph _____ Cell Ph _____

2. Name _____

Address _____ Home Ph _____ Cell Ph _____

Please explain if any apply:

1. Allergies _____

1. Handicaps _____

1. Serious Illness _____

1. Medications _____

1. Past Surgery Previous Hospitalizations or other pertinent medical Information:
