

Setauket Parents Play School

Child Health Information Form

Child Information

Child's Name:

Date of Birth: Age:

Address:

Parent / Guardian 1

Name:

Phone: Email:

Parent / Guardian 2

Name:

Phone: Email:

Physician Information

Physician Name:

Phone:

Emergency Contact

Name:

Relationship: Phone:

Medical Information

Allergies:

Medications:

Medical Conditions:

Additional Medical Notes:

Parent / Guardian Signature:

Date: