

INSURANCE INFORMATION

Name of Insurance Company _____

Address _____

Policy Number _____

Name of Policy Holder _____

Policy Holder's relationship to child _____

Policy Holder's place of employment _____

Employer's address _____

Employer's phone number _____

HEALTH INFORMATION

During the past 12 months, this child ...

• was hospitalized (Y/N) _____ If Y, for what reason _____

• had an illness lasting more than a week (Y/N) _____ If Y, with what _____

• was injured requiring medical attention (Y/N) _____ If Y, describe injury _____

Is this child currently taking any medications? (Y/N) _____ If yes, list and give doses below

List any known existing medical conditions (*asthma, seizures, etc.*) _____

Date of last tetanus shot _____

