St. Louis Park Community Education – Early Learning Program
Emergency Health Form

Today's Date:

Child's Name: ______________________________ Nickname: ______________________

Child's Birth Date: ________________ Male________ Female________

Child's Home Address: ____

Child Living With: _____ Parent(s) _____ Guardian(s) _____ Step-Parent(s) _____Foster Parent(s) _____Other

Parent/Guardian Name (1): ____

Primary Phone: ______________________ Alternate Phone: ______________________

Email: ____

Parent/Guardian Name (2): ____

Primary Phone: ______________________ Alternate Phone: ______________________

Email: ____

Name of person to contact if parent(s) cannot be reached in an emergency:

Name: ______________________________ Relationship: ______________________

Home Phone: ______________________ Alternate Phone: ______________________

Is there anyone who may NOT pick up your child? ______________________________

Language Spoken at Home: ______________________ Parent(s) Native Country: ______________________

Does your child have Allergies? _____Yes _____No

Asthma? _____ Yes _____No

Other Allergies (bees, medications, etc.)? ____

Food Restrictions/Allergies?____

*Please Note: You must complete the **Food Allergy Action Plan** and return it to the teacher before your child attends class.*

Major Illnesses/Surgeries: ____

Any other health concerns we should be aware of? ______________________________

Physician's Name: ______________________________ Clinic: ______________________

Phone: ____

Dentist's Name: ______________________________ Clinic: ______________________

Phone: ____

Hospital Preference: ______________________________ Phone: ______________________

In case of emergency, illness, or accident to the child named above, the staff will attempt to first contract parent/guardian and second the emergency contact listed above. If that contact cannot be made, program personnel will call the physician authorized by the parent or 911 Emergency Services System. If child needs to be transported to the nearest hospital, it is at the parent's experience.

I hereby grant permission to the staff to take whatever emergency measures are judged necessary for the care and protection of my child.

Signature of parent or guardian: ____ Date: _________