

**WHO HAS PERMISSION TO PICK UP YOU CHILD?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DATE OF LAST PHYSICAL EXAMINATION** \_\_\_\_\_

**CHILDS HEALTH CARE PROVIDER'S NAME** \_\_\_\_\_

**HEALTH CARE PROVIDERS PHONE** \_\_\_\_\_

**HEALTH CARE PROVIDERS ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HEALTH PROBLEMS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES AND DRUG REACTIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_