

# Child Steps Preschool & Kindergarten

## Health Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Health/Behavioral Problems:

\_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**If Child Steps is unable to reach the emergency contacts provided, we will take the necessary steps we feel needed to ensure your child's health and safety.**

**I hereby give Child Steps my permission to seek the appropriate medical treatment for my child.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_