SONSHINE PRESCHOOL
2730 South Ironwood Dr.
South Bend, IN 46614
Phone (574) 289-9269
Email: mj.lemler@drcc.net

MEDICAL INFORMATION/EMERGENCY CONTACT FORM

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED.

PLEASE ATTACH RECORD TO THIS FORM.

CHILD'S NAME: ____

AGE: __________ BIRTHDATE: ___________________________ MALE ______ FEMALE ______

PHYSICIAN/GROUP NAME & PHONE NUMBER:____

____

ALLERGIES: ____

____

MEDICATIONS: ____

____

SPECIAL CONCERNS/NEEDS: ____

____

____

EMERGENCIES:

PERSONS TO CALL IN CASE OF EMERGENCY

NAME	PHONE	RELATION TO CHILD
_____________________________________	__________________________	________________
_____________________________________	__________________________	________________
_____________________________________	__________________________	________________
_____________________________________	__________________________	________________