

CHILD'S PERSONAL RECORD

We are required to obtain the following information concerning your child's health.

ALLERGY or ALLERGIC REACTIONS _____

PREVIOUS ILLNESS/INJURIES _____

HOSPITALIZED IN THE PAST 12 MONTHS: Yes _____ No _____

IF YES, PLEASE EXPLAIN _____

EXISTING ILLNESS _____

ANY LONG TERM PRESCRIPTION MEDICATION _____

N/A **TRANSPORTATION:** Saint Martin In-The-Fields does not provide any transportation at this time.

N/A **FIELD TRIPS:** At the present time, Saint Martins does not provide any field trips.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician: _____

Address: _____

City: _____ **Phone Number:** _____

Name of Hospital: _____

Address: _____

City: _____ **Phone Number:** _____

I give my consent for any necessary emergency treatment when my child is in the care of this physician and/or hospital.

Signature of Parent or Guardian

Date