

Medical Information

Neighborhood Schoolhouse • 1227 16th Street • Port Townsend, WA 98368 • 360.379.9070 • email info at: <http://ptnsh.com/contact.html>

Child Name	
Date of Birth	
Parent names/contact #	
Emergency name & #	
Food Allergies – EM Plan? Y N Special diet: Y N details:	
Medication or Other Allergies	
Current Medications	
Date of Last Medical Exam	
Significant Health History	
Concerns/Needs (med, phys, behav) Individual Care Plan Needed? YES NO	
Physician Name/Group	
Physician Contact Info	
Dentist & Contact Info	
Insurance Company	
Insurance # and Contact #	

Additional notes:

Emergency Medical Care Authorization

In the event of a medical emergency, Neighborhood Schoolhouse will make every effort to reach the person(s) designated as an emergency contact before using the authorization below. To prevent dangerous delay in the event of an extreme emergency, I hereby authorize the Neighborhood Schoolhouse director, staff or appropriate authority, to secure whatever medical treatment is deemed necessary for my child.

Parent/Guardian:

Date: