

The Dolphin Cove

Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Mother/Legal Guardian's Name _____

Home Phone _____ Work Phone _____

Father/Legal Guardian's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency if parents/guardians cannot be contacted:

Name _____ Phone _____

Child's Doctor _____ Dr. Phone _____

Child's Allergies _____

Current Medications (prescribed and OTC) _____

Child's special needs or medical conditions:
