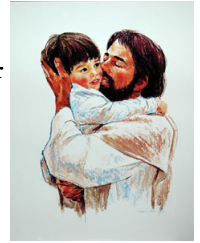


Zion Lutheran Child Care Center

N48 W18700 Lisbon Road
Menomonee Falls, WI 53051
262-781-6719



MEDICAL INFORMATION

CHILD'S FULL NAME _____ BIRTHDAY: _____

CHILD'S PHYSICIAN _____

PHYSICIAN'S ADDRESS _____

CITY _____ ZIP CODE _____

PHYSICIAN'S PHONE # _____

MAY WE CALL ANOTHER PHYSICIAN IF THE ABOVE IS UNAVAILABLE? _____ YES _____ NO

IF YES PLEASE GIVE NAME AND PHONE # _____

HOSPITAL OF CHOICE _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH CONDITIONS? If yes please specify: _____

MEDICAL INSURANCE INFORMATION:

NAME OF POLICY HOLDER: _____

NAME OF COMPANY: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

PLEASE LIST PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____