

I acknowledge that I have received a Play Center Handbook and will abide by the rules set forth within.

Please initial: _____

HEALTHPLEX
of Cape Fear Valley Health System
PLAY CENTER

CHILD'S INFORMATION CARD

Date: _____

Child's Name: _____ Birthdate: _____

Parent's Name M) _____ F) _____ Home phone () _____ - _____

Mother's Address _____ City _____ State _____ Zip _____

Father's Address _____ City _____ State _____ Zip _____

Mother's Employer _____ Business phone _____

Father's Employer _____ Business phone _____

Emergency Information:

Name of Child's Doctor _____ Phone _____

Address _____

Name of Child's Dentist _____ Phone _____

Address _____

Hospital Preference _____ Phone _____

Does your child have any known allergies? ___ Yes ___ No If yes, explain _____

Please give any information concerning your child which may be helpful: _____

PERSON RESPONSIBLE FOR TAKING CHILD FROM PLAY CENTER:

[Child will **not** be allowed to leave with any other person(s) without a form of government issued identification or HealthPlex membership identification bearing a photograph on file and shown with prior authorization from parent/guardian when picking up child(ren).] - Must be older than 18 years of age.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Health Insurance (if any) _____

Insurance Policy No. _____

PERMISSION FOR MEDICAL TREATMENT

I agree that the operator may authorize the physician of his or her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian _____ Date _____