

Lollipop Tree Information Form

Child's Name _____ Date of Birth _____
Street Address _____
Town _____ ZIP CODE _____
Home Phone # _____

Parent's Name _____ Work Phone _____
Company Name & Work Address: _____
Cell Phone # _____ Email _____

Parent's Name _____ Work Phone _____
Company Name & Work Address: _____
Cell Phone # _____ Email _____

Child's Doctor Name and Phone # _____

Dentist's Name and Phone # _____

Allergies: Please circle area that applies and note specifics (PLEASE circle none if applicable):

None? _____
Food? _____
Drug? _____
Insect Bites? _____
Asthma? _____
Other? _____

Hospital of Choice: _____

At least TWO responsible persons, ***OTHER THAN PARENT***, who can be called in an **EMERGENCY** and have your permission to transport your child. Please write name and phone number clearly.

1. _____
2. _____
3. _____

List two people, other than parents, who have **permission to pick up your child**. Please include name and phone number.

1. _____
2. _____
3. _____

If you would like to share any further information, please do so here:

* Any child with an allergy needs to have a physician's letter signed by the doctor and the parent(s). An individual care plan for the child must be completed as well.

Parent's Signature _____ Date _____