

## TEACHER INFORMATION CARD

Name \_\_\_\_\_ Class \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home # \_\_\_\_\_ Beeper/cell # \_\_\_\_\_

Emergency # \_\_\_\_\_ Person at this # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Persons other than Parents who are allowed to pick child up:  
Name Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permission to give : Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Cough Syrup \_\_\_\_\_ other \_\_\_\_\_

Is child on any medication \_\_\_\_\_

List any allergies (bee stings, medicines etc.) \_\_\_\_\_

## FEEDING INFORMATION CARD

CHILD'S NAME \_\_\_\_\_

My child is allowed to have:	Yes	No
Cereal mixed in his/her formula	<input type="checkbox"/>	<input type="checkbox"/>
Cereal mixed in food or fruits	<input type="checkbox"/>	<input type="checkbox"/>
Cereal fed by spoon	<input type="checkbox"/>	<input type="checkbox"/>
Table food	<input type="checkbox"/>	<input type="checkbox"/>

Parent's Signature \_\_\_\_\_