Devil's Head Daycare
Emergency Information Sheet
(one form per child)

Name of Child_____ Are you lodging at Devil's Head?____

Child's Birthday:_____

Name of Parent(s):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone Number:_____ Cell Phone:_____

Medical Plan:_____ Plan Number#:_____

Family Physician:_____ Phone:_____

Emergency Contact:_____ Phone:_____
(someone other than parents/guardian not currently at Devil's Head Resort)

Disabilities: ☐ No Yes_____

Allergies ☐ No Yes_____

Dietary Restrictions ☐ No Yes_____

Immunizations: ☐ No Yes_____
(are they current?)

Person(s) authorized to pick-up child (first and last names):

_____

_____

_____

_____

I herby authorize Devil's Head Resort to take my child to the Medical clinic if such case arises.

_____ _____ _____

Date Authorized Signature Please print name