Child Profile Form

Please fill out **ONE child profile form for EACH child**. All information is strictly confidential.

1. Delegate Information:

1.1 Name(s), first and last: _____

1.2 Telephone: _____

1.3 Email: _____

1.4 Other guardian contact information

1.5 Name(s), first and last: _____

1.6 Telephone: _____

1.7 Email: _____

1.8 Emergency Contact

1.9 Name(s), first and last: _____

1.10 Telephone: _____

2. Child's Information

2.1 Child's name(s): _____

2.2 Child's age: _____

2.3 Consent for outings, excursions and activities:

Picture taken for registration purposes	Yes	No
Excursions	Yes	No
Walks	Yes	No
Animals	Yes	No
Face Painting	Yes	No

2.4 Allergies: type, high risk or low risk, treatment; please explain:

_____

2.5 Medical issues: please describe in detail:

_____

2.6 Restrictions: diet, rest, exercise, mobility, off-limit activities:

_____

2.7 Restricted foods:

_____

2.8 Regular or special routine requirements:

_____

2.9 Please share any additional information that you would like us to know about your child or family:

_____

_____

2. 10 Do you authorize Improv Care professional (s) to administer emergency first aid or medical treatment in case of emergency ? Yes No