

Date of Admission	Allergies	<p align="center">CHILD INFORMATION CARD Good Shepherd Early Childhood Center 4800 S. Southeastern Ave Sioux Falls, SD 57103</p>		
Date of Discharge				

Name of Child (Last, First, Middle Initial)	Address (Number and Street, Building/ Apt Number)
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Child's Date of Birth	Home Phone	City	State	Zip Code
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Father/Legal Guardian's Name	Home Phone	Mother/Legal Guardian's Name	Home Phone
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Home Address (If not child's address)	Cell Phone		Cell Phone
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City	State	Zip Code	City	State	Zip Code
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Employer / School Name	Employer / School Name
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Address (Employer/School)	Address (Employer/School)
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City	State	Zip Code	City	State	Zip Code
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Employer/School Phone	Daily Work/School Times	Employer/School Phone	Daily Work/School Times
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I give permission to _____ to secure emergency medical and/or
 (Provider's Name)
 emergency surgical treatment my child _____ while in their care.

Signature of Parent or Guardian	Date Signed
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Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number
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Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	Hospital Preferred for Emergency Treatment
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Emergency Contact (other than parent)	Local Address of Emergency Contact
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Home Number	Cell Number	City, State	Zip Code
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Special Need / Instructions:

Name(s) of Person other than Parent or Legal Guardian to whom child may be released

I give permission to _____ to secure emergency medical and/or
 (Provider's Name)
 emergency surgical treatment my child _____ while in their care.

Signature of Parent or Guardian	Date Signed
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