Schoolhouse of Wonder Staff Health Information

Name:

Birthdate: Social Security Number:

Home Address:

Phone Numbers:

Email Address (Please print):

Are you covered by medical/hospital insurance? Yes No

If yes, please provide Carrier name and Group No:

List any allergies or medical conditions:

Please list all medications taken routinely:

**In case of emergency, notify:**

Name/Relationship:

Phone #1:

Phone #2:

Alternate: