

Inspire Learning Academy Contact and Allergy Tracking Sheet

General Info-		Emergency Phone #'s	
Home Address:		Emergency Services:	911
Home Phone #:		Police:	
Father Work #:		Fire:	
Mother Work #:		Ambulance:	
Father Cell #:		Hospital:	
Mother Cell #:		Urgent Care:	
Babysitters:		Poison Control:	
Emergency Contacts:		Gas Company:	
Out-Of-Town Contact:		Other:	
Insurance [Primary]		Insurance [Secondary]	
Medical:		Medical:	
Pharmacy:		Pharmacy:	
Dental:		Dental:	
Vision:		Vision:	
Father Name:		Mother Name:	
DOB:	Blood type:	DOB:	Blood type:
Allergies:		Allergies:	
Medical Conditions:		Medical Conditions:	
Medications:		Medications:	
Doctors:		Doctors:	
Dentist:		Dentist:	
Child 1 Name:		Child 2 Name:	
DOB:	Blood type:	DOB:	Blood type:
Allergies:		Allergies:	
Medical Conditions:		Medical Conditions:	
Medications:		Medications:	
Doctors:		Doctors:	
Dentist:		Dentist:	
School/Teacher:		School/Teacher:	
Child 3 Name:		Child 4 Name:	
DOB:	Blood type:	DOB:	Blood type:
Allergies:		Allergies:	
Medical Conditions:		Medical Conditions:	
Medications:		Medications:	
Doctors:		Doctors:	
Dentist:		Dentist:	
School/Teacher:		School/Teacher:	