

# University of Nebraska–Lincoln Children’s Center

## Child Information Sheet

Child’s Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Last Name) (First Name)

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### *Parent/Guardian Information*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Major (student): \_\_\_\_\_ Dept. (staff): \_\_\_\_\_  
Employer (community): \_\_\_\_\_

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Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Major (student): \_\_\_\_\_ Dept. (staff): \_\_\_\_\_  
Employer (community): \_\_\_\_\_

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### *Family Status*

Marital status of parents: \_\_\_\_\_ May either parent pick up child? Yes No

Other children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other persons in the household: \_\_\_\_\_

Have any of the following happened recently? Please give dates.

- Move? \_\_\_\_\_
- New baby? \_\_\_\_\_
- Divorce/Separation? \_\_\_\_\_
- Hospitalization? Whom? \_\_\_\_\_
- Death? \_\_\_\_\_
- Other? \_\_\_\_\_



# University of Nebraska–Lincoln Children’s Center

Please list the people who will take responsibility for your child in case of an emergency when Parent/Guardian cannot be reached. The UNL Children’s Center will release your child to these people.

Name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

Name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

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## **Health and Medical Information**

Please list any health related items that can help us, including medications, physical limitations, or health problems (i.e. allergies, serious illness, asthma, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **Consent to Contact Physician in Emergency**

In the event I cannot be reached to make arrangements, I hereby give my consent to the UNL Children’s Center to contact:

Doctor: \_\_\_\_\_  
City, State: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

If necessary, please take my child to \_\_\_\_\_ Hospital.

Signature of Parent: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

### **Office Use Only:**

Start Date:	Room:
End Date:	Photos:
ID #:	Field Trips:



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