



Children's Developmental Clinic  
301 Largo Road, CE123  
Largo, MD 20774  
Phone: (301) 322-0519  
Email: ChildrensDevelopmentalClinic@pgcc.edu

## Health Information Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person Information (other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies (latex, food, insect bites) \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication? If so, what: \_\_\_\_\_

Does your child have any other medical condition we should be aware of (asthma, brittle bone syndrome, etc.)

\_\_\_\_\_

### PLEASE SIGN AND DATE BELOW:

1. The health history that appears on this document is correct to the best of my knowledge. The person herein has permission to engage in the activities of the Children's Developmental Clinic with the exception of the following (Please list if applicable): \_\_\_\_\_

2. Authorization for treatment: I hereby give permission to the college to administer first aid if needed.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date