## Warwick Day Care Center

## **School Age Communication Sheet**

Child's Name				Date	
am taking medication: Yes No			No	If yes, list medication, reason, & dose:	
Other Im	ortant Medical I	nformation	:		
Name	* *Who to call today in case of emergency, illness, etc.**  Hame Phone #				
	Pick-up Pern	nission:			
				epermission	
	to pick up my child			today (Date)	
Addition	nal Information				
		Info	rmation F	From Your Child Care Provider	
- ·	<u> </u>				
Specia	l instruction	ıs/activi	ties:		