

**Illinois Proficiency Event
Personal Child Care Provider
Client Information Sheet Example**



Child's Name: _____

Sex: M or F Birthdate: _____

Parent (s) location during the job: _____

Child's allergies/ medical concerns: _____

Parent or Guardian's Name: _____

Address: _____

Phone #: _____ - _____ - _____ Email: _____

Parent or Guardian's Name: _____

Address: _____

Phone #: _____ - _____ - _____ Email: _____

Neighbor/Relatives:

Name: _____ Relationship: _____

Phone #: _____ - _____ - _____

Name: _____ Relationship: _____

Phone #: _____ - _____ - _____

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Child's Name: _____

Emergency Information:

Physician's Name: _____

Phone #: _____ - _____ - _____ Hospital Phone #: _____ - _____ - _____

Fire Department:

Emergency #: _____ - _____ - _____ Non-Emergency #: _____ - _____ - _____

Ambulance:

Emergency #: _____ - _____ - _____ Non-Emergency #: _____ - _____ - _____

Rescue Squad:

Emergency #: _____ - _____ - _____ Non-Emergency #: _____ - _____ - _____

Police Department:

Emergency #: _____ - _____ - _____ Non-Emergency #: _____ - _____ - _____

Poison Control Center: #: _____ - _____ - _____

Other Important Information: