EMERGENCY INFORMATION

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, St. Paul Lutheran Preschool is authorized to obtain Emergency Medical or Dental Care even if the Preschool is unable to immediately make contact with the parents/guardian. During an emergency the Preschool is authorized to contact the following persons when parent/guardian cannot be reached:

1) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Address

Child’s Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Address

Date of last Dental Exam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference

Insurance Company

Policy holder’s name

Policy number

ALL INFORMATION IS REQUIRED, PLEASE DO NOT LEAVE ANY BLANKS

HEALTH INFORMATION

Does your child have any health problems of which we should be aware, such as:

\_\_\_\_ Bee Sting \_\_\_\_ Convulsions (Epilepsy) \_\_\_\_ Other

\_\_\_\_ Asthma \_\_\_\_ Diabetes \_\_\_\_ Heart Condition

\_\_\_\_ Allergies or health concerns (please list)

Does your child take medication(s) regularly? Y N

If so, what medication(s) and how often?

Describe any known medical history that is important to know for medical treatment:

Date of last tetanus:

**I agree to pay the costs and fees contingent on any emergency medical and/or dental care for my child as secured or authorized under this consent.**

**This consent will be in effect beginning September 1st and continue while the child is enrolled in St. Paul Lutheran Preschool**

Parent/Guardian Signature Date \_\_\_\_\_\_\_\_\_\_