

Little Christian Preschool Emergency and Health Information 2018 - 2019

Student's Legal Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Home Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN 1 _____

HOME ADDRESS _____ HOME PHONE _____ CELL _____

PLACE OF EMPLOYMENT _____ HOURS _____ PHONE _____

PARENT/GUARDIAN 2 _____

HOME ADDRESS _____ HOME PHONE _____ CELL _____

PLACE OF EMPLOYMENT _____ HOURS _____ PHONE _____

Is there a Legal Restraining Order on file? YES NO A copy of the restraining order must be on file with the school office to be enforced. Please indicate the restrictions contained in this order:

HEALTH CONDITIONS:

Please circle below if your child has an of the following conditions and indicate any instructions for special management at school:

Diabetes Seizure Disorder Heart Disorder Kidney Disease Blood Disease Asthma
Reduced Hearing Reduced Vision Allergies other (please list)

Special instructions: _____

Allergies: (Please indicate any severe allergies and reactions)

List any medications your child takes regularly:

Name of medication: _____ How often? _____ Reason _____

Name of medication: _____ How often? _____ Reason _____

Name of medication: _____ How often? _____ Reason _____

Student's physician: _____ Phone Number _____

Student's Dentist: _____ Phone Number _____

EMERGENCY CONTACTS: Names of two persons (relatives, friends or neighbors) living in the local area who may be called in the event of an emergency and a parent cannot be reached.

Name _____ Phone _____ Cell _____

Relationship to the child: _____

Name _____ Phone _____ Cell _____

Relationship to the child: _____

EMERGENCY TREATMENT CONSENT: I give permission for the staff in charge to seek emergency first aid or medical treatment if necessary.

Signature of Parent or Guardian _____ Date _____

DISCLAIMER STATEMENT: For in school purposes as well as for field trips, please complete below:
Little Christian Preschool and St. Paul's of Shorewood Lutheran Church are not responsible for damages caused by accidental injury or illness, while participating in activities associated with Little Christian Preschool.

Signature of Parent or Guardian _____ Date _____

ADDITIONAL INFORMATION: Please list any additional information about the child that would assist us in relating to your child.

PLEASE UPDATE THIS INFORMATION AS NECESSARY