

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
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/ 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.

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**PLEASE UPDATE THIS INFORMATION AS NECESSARY**