

Medical Information

Child's Name _____ Date of Birth _____

Emergency medical information

In case of emergency, illness, or accident to the child named above, the procedure to be followed is as listed below. I have numbered the following from one to four, with one being the first phone call to be made:

() contact father/guardian at _____ phone: _____

() contact mother/guardian at _____ phone: _____

() contact and/or take child to medical facility: _____ phone: _____

() other desired procedure: _____ phone: _____

In the case that neither parent/guardian can be reached, please contact:

Name: _____ Phone: _____

Relationship: _____

In an emergency, if the teachers of Grace Lutheran Preschool are unable to contact any of the above listed people, I understand that my child will be transported to the Three Rivers Clinic, or an ambulance called (at my expense) for transportation to the nearest medical facility. I understand that Grace Preschool has my child's best interests at heart and will do whatever is necessary and appropriate to keep my child safe and healthy.

Signature of parent/guardian: _____ **Date:** _____

I understand that if my child has been ill (vomiting, diarrhea, fever, etc.) s/he cannot return to school until s/he has been healthy and free of ALL symptoms for 24 hours.

Signature of parent/guardian: _____ **Date:** _____

Current, up-to-date immunizations are required for public schools and are a safeguard for all children who attend this preschool. My child's immunizations are up to date and I have provided Grace Lutheran Preschool a copy of his/her immunization record.

My child has the following **food allergies:** _____

My child has **other allergies:** _____

Other medical/health information Grace Lutheran Preschool needs to know about my child (Chronic ear infections, surgeries, premature birth, ongoing health issues, etc.):

