

Grace Lutheran Preschool Medical Information

Child's Name _____ Date of Birth _____

Emergency Medical Information:

In case of emergency, illness or accident to the child name above, the procedure to be followed is as listed and authorized (by a parent or guardian).

(please number the following in the order you would like action taken i.e. 1st, 2nd, 3rd, etc.)

() contact father at : _____ phone: _____
(Address)

() contact mother at : _____ phone: _____
(Address)

() contact family physician _____ phone: _____

(name and address of physician and office)

() take child to emergency hospital: _____

(name and address of hospital)

() take child to any licensed physician : Most likely Three Forks Clinic of Bozeman Deaconess
Emergency Room

() Other desired procedure _____ phone: _____

(name and address of contact person or place)

In case that either parent or guardian cannot be reached, please contact:

Name: _____ phone: _____

Relationship: _____

My child has permission to participate in all activities of the preschool and to leave the school premises for walking field trips: Y / N

Signature of parent or guardian: _____

Date: _____

Current and up to date immunizations are required for public schools and a safeguard for all children that attend this preschool. Please have your child's shots up to date and provide Grace Lutheran Preschool a copy of these records. Your pediatrician or family physician can provide this information for you.

Does your child have any medical allergies: _____

Does your child have any food allergies: _____
