

## PRESCHOOL Medical Information and Emergency Care Sheet

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Sex \_\_\_\_\_

Address, City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### EMERGENCY CONTACT NUMBERS

Female parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager # \_\_\_\_\_

Employer Address \_\_\_\_\_

Male parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager # \_\_\_\_\_

Employer Address \_\_\_\_\_

Student lives with: Own Father \_\_\_\_\_ Step-father \_\_\_\_\_ Own Mother \_\_\_\_\_ Step-mother \_\_\_\_\_ Other \_\_\_\_\_

TO PARENTS: I authorize Bethlehem Lutheran School personnel to release my child to one of the following persons in the event I cannot be reached or am not able to pick up my child.

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_ Relationship \_\_\_\_\_

Full \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_ Relationship \_\_\_\_\_

Full \_\_\_\_\_ Address \_\_\_\_\_

*If a child becomes seriously ill or injured at school or while on a field trip and the parents cannot be contacted by reasonable means, it is understood that the school may take the steps necessary to care for the child, including doctor or hospital care by licensed personnel or may call 911.*

**Medical Insurance Company & Policy #:** \_\_\_\_\_

**Physician:** Name and phone number: \_\_\_\_\_

Full Address \_\_\_\_\_

**Dentist:** Name and phone number: \_\_\_\_\_

Full Address \_\_\_\_\_

**Hospital:** Name and phone number: \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_ This is effective for the 2007-2008 school year.

**Please complete other side**



Date

Parent Signature

**BETHLEHEM LUTHERAN SCHOOL**

**MEDICAL CONCERNS**

Please check any and all that apply to your child's current health status:

- Asthma (or other respiratory ailment) \_\_\_\_\_
- Diagnosed ADD or ADHD \_\_\_\_\_
- Food Allergies (please name specific): \_\_\_\_\_
- Other Allergic Reactions (name): \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Physical Disabilities (name): \_\_\_\_\_
- Vision Problems or Glasses: \_\_\_\_\_
- Other (please be specific): \_\_\_\_\_

Please fill out the following section for any previous category that may require intervention by the school staff:

- Ailment: \_\_\_\_\_
- Triggers: \_\_\_\_\_
- Symptoms: \_\_\_\_\_
- Interventions: \_\_\_\_\_
- Call parent if: \_\_\_\_\_
- Call 911 if any of the following occurs: \_\_\_\_\_
- Special considerations for field trips: \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_ yes \_\_\_ no

**In compliance with state law this form must be signed by a physician or nurse and on file in the preschool office before enrollment is considered complete.**

This certifies that \_\_\_\_\_ (Child's Name) has had a doctor's examination in the last twelve months and was found to be in good health and is free from any communicable disease.

\_\_\_\_\_  
**Physician or Nurse Signature**

\_\_\_\_\_  
Date

I give permission for Bethlehem Lutheran School to share the above medical information regarding my child with teachers and support staff who are responsible for his/her safety and well-being during the school day.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

Revised 5/08/2006

This is effective for the 2007-2008 school year.

**Please complete other side**