

Church Denomination: \_\_\_\_\_

Church currently attends: \_\_\_\_\_ Is your child baptized? \_\_\_\_\_

Has your child previously attended preschool? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you have any special concerns about your child that you would like to discuss with the teacher?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our School? ( ) Friends (who?) \_\_\_\_\_ ( ) Front Sign

( ) Advertisements (where \_\_\_\_\_) ( ) Other \_\_\_\_\_

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In the event of an emergency, if parents cannot be reached, please contact:

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

List all allergies (food or other) and any special precautions or treatment indicated for these allergies.

\_\_\_\_\_

List any medications currently being administered to the child. \_\_\_\_\_

List any chronic health problems and history of hospitalization. \_\_\_\_\_

Child's Physician or Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL EMERGENCY AUTHORIZATION

In the event reasonable attempts to contact me at (Phone) \_\_\_\_\_ or the other parent \_\_\_\_\_ at (Phone) \_\_\_\_\_ has been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by (Preferred Physician) \_\_\_\_\_ or in the event the designated practitioner is not available, by another licensed physician, and the transfer of the child to \_\_\_\_\_ (Preferred Hospital), or any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery are obtained, prior to the performance of such surgery.

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_