

Little Spirits Preschool Health & Emergency Information

Student _____ Male _____ Female _____

Home Phone # _____ Birth Date _____

Father's Name _____ Father's Work # _____

Mother's Name _____ Mother's Work # _____

Child Lives With _____ Phone # _____

Day Care Provider _____ Phone # _____

Emergency phone numbers when parents can't be reached – (Two names required)

1. Name _____ Phone # _____ Relation to child _____

Address _____

2. Name _____ Phone # _____ Relation to child _____

Address _____

In case of Emergency we give our permission to call a physician or dentist. We (the parents) will also be called. If needed, 911 will also be called.

The following are authorized to pick up my child from Preschool – (Two names required)

1. Name _____ Phone # _____ Relation to child _____

2. Name _____ Phone # _____ Relation to child _____

The following are NOT authorized to pick up my child from Preschool:

1. Name _____ Phone # _____ Relation to child _____

2. Name _____ Phone # _____ Relation to child _____

Physician's Name _____ Phone # _____

Dentist Name _____ Phone # _____

Health problems (e.g. asthma, diabetes, seizures, medication, allergies) _____

Any physical restrictions? Yes _____ No _____ If yes, please list them on the back of this card.

Also list the date and kind of any immunizations given this year.

In the event a parent can not be reached we give permission for emergency medical care.

Parent's Signature: _____

Little Spirits Preschool Health & Emergency Information

Student _____ Male _____ Female _____

Home Phone # _____ Birth Date _____

Father's Name _____ Father's Work # _____

Mother's Name _____ Mother's Work # _____

Child Lives With _____ Phone # _____

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Physician's Name _____ Phone # _____

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Any physical restrictions? Yes _____ No _____ If yes, please list them on the back of this card.

Also list the date and kind of any immunizations given this year.

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Parent's Signature: _____