PEQUEA PRESCHOOL

MEDICAL/EMERCENCY FORM

Student's Name _____ Phone _____

Address _____

Birth Date _____ Gender _____

Mother's Name _____ Cell Phone _____

Address (if different from child's) _____

Father's Name _____ Cell Phone _____

Address (if different from child's) _____

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

If guardians/parents cannot be reached, call:

1. _____ (Name) / _____ (Relationship) Phone _____
2. _____ (Name) / _____ (Relationship) Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

List any illnesses your child has had (e.g. chickenpox, measles):

_____

List any serious medical problems and/or allergies: _____

_____

Is your child immunized? Yes No

Medical Insurance _____ Group Number _____

I give you permission to administer first aid to my child, if necessary.

_____
Parent Signature Date