



MEDICAL AND EMERGENCY INFORMATION

CHILD'S NAME: _____ D.O.B. _____

ADDRESS _____ TELEPHONE NUMBER _____

MOM CELL # _____ DAD CELL # _____

FAMILY DOCTOR'S NAME _____
Last First

ADDRESS _____

City State Zip Code DOCTOR'S OFFICE PHONE () _____

ALLERGIES OR MEDICAL CONCERNS _____

EMAIL ADDRESS FOR CAMP UPDATES: _____:

EMERGENCY ALTERNATE CONTACTS

1. NAME _____ RELATIONSHIP _____ PHONE NUMBER () _____ () _____
2. NAME _____ RELATIONSHIP _____ PHONE NUMBER () _____ () _____

If an emergency arises (G-d forbid), and none of the people mentioned above can be contacted, I hereby give The Kinder Gan Preschool permission to take whatever measure it feels proper and necessary considering the circumstances.

Please be advised that I give my full consent to the faculty of The Kinder Gan Preschool to take my child for short walks and or outings outside of the preschool facility at any time they deem appropriate.

I GIVE PERMISSION FOR OUR NAME AND TELEPHONE NUMBER TO BE PLACED ON A CLASS LIST FOR RELEASE TO OTHER PARENTS
 YES NO

IF YOUR CHILD ATTENDED THE PREVIOUS SCHOOL YEAR AND THEIR MEDICAL RECORD IS UP TO DATE-DO NOT INCLUDE A NEW ONE.

All new students must submit completed medical records prior to admission. Medical records must be signed by a physician

