

Health Care Information/Permission Form

Child's Name _____ Date of Birth _____

Health Questions-

1. Does your child have any allergies? Yes or No (If so, please list below)

2. Does your child have any special health concerns or considerations we need to be aware of?

(Please attach a copy of your child's immunization records to this form)

Child's Physicians _____ Phone _____
Address _____

Child's Dentist _____ Phone _____
Address _____

First Aid Permission-

In the event of an emergency, I authorize the Morning Star Preschool staff to provide any first aid care deemed necessary for my child.

(Parent Signature/Date)

Emergency Care Permission-

In the event of an emergency *in which / cannot be reached*, the physician listed above, local emergency response professionals and/or the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

(Parent Signature/Date)

Authorized Adults

Please indicate your name and phone number where you can be reached during preschool hours. PLEASE keep these names/numbers current throughout the school year.

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Additional Authorized Person for Emergency Purpose-

Name _____ Phone _____

Relationship to child _____