

Light of Christ Preschool Emergency Contact and Medical Information

Child's Name _____ Date of Birth _____

Sex: M F

Parent/Guardian Name _____ Parent/Guardian Name _____

Phone _____ Phone _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Alternative Emergency Contact _____

Primary Emergency Contact _____

Phone Number _____

Address _____

City, State, Zip _____

Secondary Emergency Contact _____

Phone Number _____

Address _____

City, State, Zip _____

Medical Information

Hospital/Clinic Preference _____

Physician Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in case of emergency.

Parent/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release (Light of Christ Preschool) and individuals from liability in case of accident during activities related to (Light of Christ Preschool), as long as normal safety procedures have been taken,

Parent/Guardian's Signature _____ Date _____