

Word of Life Lutheran Preschool

HEALTH & EMERGENCY AUTHORIZATION

Student Name: _____ Birth Date: _____

Home Phone Number: _____

Address: _____

Primary Phone Number (in case of emergency): _____

Mother: _____ Cell: _____

Business Name & Address: _____ Phone: _____

Father/Guardian: _____ Cell: _____

Business Name & Address: _____ Phone: _____

Medical Information

Physician: _____ Phone: _____

Address: _____

Please list any important health factors or restrictions. This includes food allergies, medicine allergies, environmental allergies, and other _____

If first aid is needed for your child, it will be administered by the classroom teacher or director. An accident form will be completed for your review. In the case of a medical emergency, 911 will be called and your child will be taken to the nearest available hospital. By signing this form I agree that in case of an accident or injury, first aid and/or emergency medical care may be given to my child.

Emergency Contacts

Per DCFS regulations, two local emergency contacts including full name, address and phone number must be provided. Emergency contacts will be called for the purpose of picking-up a child in the event neither parent can be reached:

Name	Address	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Individuals

The following people are authorized to pick up my child from school: Additional names may be listed on back.

Name	Address	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____ Signature of Parent: _____