

WINDSOR CHRISTIAN PRESCHOOL
Medical Information/Medical Release

Child's Name _____ M / F Date of Birth _____

Street Address _____ City _____ Zip _____

Home Phone _____ email address _____

Father's Name _____ Work phone _____ Cell phone _____

Mother's Name _____ Work phone _____ Cell phone _____

History of any serious illnesses, operations, or injuries and if so, at what age _____

Is child on any medications ____ If so, what and why? _____

Does your child have any allergies known to you (including medication)? If none, so state _____

Allergic reaction occurs through (please check): _____ ingestion _____ contact _____ airborne

Is medication required? YES / NO

NOTE: Any required medication that may need to be administered at school is to be sent in to school along with a **doctor's note** requesting that school personnel give the medication. Medication (including over-the-counter) must be in the **original container** and properly marked with the child's name, directions and consent for administering.

****IMPORTANT: A CHILD WITH ANY SERIOUS FOOD ALLERGIES MUST PROVIDE TO THE PRESCHOOL A FOOD ALLERGY ACTION PLAN SIGNED BY YOUR CHILD'S DOCTOR.****

Health Insurance Carrier _____ ID # _____

Subscriber _____ Relationship _____

Child's Physician _____ Phone _____

Preferred Hospital _____

In case of accident, illness, or other emergency, I request that the school contact the parent/guardian. If the school cannot reach a parent/guardian after conscientious effort, I give permission for the school staff to call paramedics or any licensed physician or dentist. If a life threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact parent/guardian as soon as possible thereafter. I agree to accept responsibility for the cost of any medical services.

Parent/Legal Guardian's Signature

Date