

Precious Lambs Preschool

Medical Information-Authorization for Emergency Care

ALLERGIES

Child's name: _____ Date: _____

Allergies: _____

Symptoms if exposed: _____

Steps to take in case of allergic reaction: _____

Immunizations

Current on immunizations: Yes _____ No _____ Religious exemption: _____

Have provided copy of immunizations to preschool: Yes _____ No _____

If no, immunizations are due two weeks from the date of enrollment. If immunizations are not received, child attendance will be suspended until they are received.

Insurance Information

In case of medical emergency, 911 will be called, and your child will be treated by emergency medical technicians and/or transported to the nearest hospital for treatment. Please provide the following information:

Doctors name: _____ Phone # _____

Insurance: _____ Policy/ID # _____

Parent's signature: _____ Phone # _____ Date: _____

(Please provide any additional medical information on the reverse side of this form)