

Emergency Contact Information

Child's Name: _____ Date of Birth: _____ Sex: Male Female

Address: _____ City/State: _____ Zip Code: _____

Parent/Guardian Name (#1): _____ Phone # _____

Parent Address: _____ City/State: _____ Zip Code: _____

Parent/Guardian Email (#1): _____ Cell#: _____

Place of Employment: _____ Work #: _____

Parent/Guardian Name (#2): _____ Phone # _____

Parent Address _____ City/State: _____ Zip Code: _____

Parent/Guardian Email (#2): _____ Cell #: _____

Place of Employment: _____ Work #: _____

Insurance Information

Insurance Policy Holder Name: _____ Policy Company: _____

Member ID Number: _____ Group Number: _____

Medical Information

Pediatrician Name: _____ Phone #: _____

Address: _____ City/State: _____ Zip Code: _____

Dentist Name: _____ Phone #: _____

Address: _____ City/State: _____ Zip Code: _____

Simple Injury, Illness, and Serious Accident

I authorize the West Lawn UMC Preschool staff to provide first aid and/or make decisions regarding medical care. I understand that I will be responsible for any costs incurred in caring for my child.

☐ Yes

☐ No

Does your child have any allergies? Please list and be specific:

Does your child take any medications on a daily basis? Please list the name of medications and dosage:

Does your child have any physical, visual or hearing limitations?

Is your child up to date on all immunizations required for their age? (Please note a copy of their immunization record must be on file to enroll in the preschool, in addition to the child health report form signed by their doctor) _____

Emergency Contacts

In case of emergency and parents cannot be reached these people will be contacted in the order as they appear below.

Contact Person #1: _____ Phone #: _____

Relationship to child: _____ Email: _____

Contact Person #2: _____ Phone #: _____

Relationship to child: _____ Email: _____

Pickup Authorization

These people have my authorization to pick up my child from preschool. (Please note Driver's License will be required to show at time of pickup)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Please inform the classroom teacher and director of any changes to this form throughout the year. Thank you.