

First Baptist Playschool

Student Health Information

Child's Name: _____

Please list and describe any chronic health and/or medical conditions (physical, mental, emotional, etc)

Please list and describe any special needs:

Please list any allergies or other illnesses:

Is your child fully potty trained? YES ___ NO ___ (should be potty-trained before entering 3-year old class)

Permission to administer CPR/First Aid if necessary? YES ___ NO ___

Child's Physician: _____ **Phone:** _____

Hospital/Clinic: _____ **Phone:** _____

In the event of an emergency, when I cannot be reached, I authorize FBC Playschool staff to call my emergency contacts, physician, hospital, clinic, or emergency services to render treatments deemed necessary for the welfare of my child.

Parent/Guardian Signature: _____ **Date:** _____

