Faith Preschool Health Form

Please return this form at the Parent Orientation Meeting.

Child's Name_____

Permission for Health Care:

Physician Name_____Phone_____

Address_____

Dentist Name_____Phone_____

Address_____

Authorized Adults:

In the event of an emergency, please indicate the names and phone numbers of authorized adults.

Father's name_____Phone_____

Mother's name_____Phone_____

Cell Phone-Mom _____ Cell Phone Dad_____

E-Mail _____

Another authorized
Person_____Landline_____Cell_____

Address_____

In the event of an emergency…

Yes	No	
☐	☐	In the event of an emergency I authorize the staff to provide any first aid care deemed necessary for my child.
☐	☐	In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.
☐	☐	In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

_____
Parent Signature

Health Information:

Allergies, diseases, medical problems, etc.

Are child's immunizations up to date?

I verify that _____ is in good health.
(name of child)

Signature of Physician