

# TRINITY PRESCHOOL

## Emergency Contact/Medical Form

Student's Name: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Birthday: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daytime phone (Mother): \_\_\_\_\_ Daytime phone (Father): \_\_\_\_\_

Cell Number (Mother): \_\_\_\_\_ Cell Number (Father): \_\_\_\_\_

Emergency Contact/Pick-up Information other than parent/guardian (per NC DHHS, *must provide at least two contacts*):

Name/Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Is your child currently taking medications on a regular basis? \_\_\_\_\_ If so, please list medications; state why taking and possible side effects: \_\_\_\_\_

Does this child have any allergies? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Is this child currently under the care of a physician? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Does this child have any other on-going health considerations? \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

*In the event that I cannot be contacted, I hereby authorize Trinity Preschool to provide and/or seek emergency medical treatment for my child named above (including transportation to a medical facility, if needed). As a Parent or Legal Guardian, I understand that Trinity Preschool is not responsible for any expenses incurred because of an injury to my child or my child's illness. I give them permission to administer ice, band-aids and/or an antiseptic cleanser, if needed. Trinity Preschool does not administer prescriptions or over-the-counter medications without written parental consent. This statement is valid for the duration of the school year or until withdrawn by the parent in writing.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_