

## Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

## Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Center: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Specific Medical Information

The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, food, plants, insects, etc.): \_\_\_\_\_

Immunization- date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_

St. Edward Preschool Child Information Form

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Name and age of brother:

Name and age of sister:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child previously attended a day care center? \_\_\_\_\_

Does your child use the restroom independently? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child dislike any particular food? \_\_\_\_\_

Is there any food your child cannot have due to medical or cultural reasons? \_\_\_ yes \_\_\_ no

If yes, please list them here \_\_\_\_\_

Does your child require any special care? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have a history of physical impairment? \_\_\_\_\_

Visual \_\_\_\_\_ Speech \_\_\_\_\_ Hearing \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Recent events that may interfere with your child's normal behavior:

Some of your child's favorite things to do:

What upsets your child?

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What motivates your child?

Describe your child's personality.

What do you expect your child to acquire through the Pre-K experience?