



# MEDICAL AND EMERGENCY INFORMATION

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

MOM CELL # \_\_\_\_\_ DAD CELL # \_\_\_\_\_

FAMILY DOCTOR'S NAME \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_

City State Zip Code DOCTOR'S OFFICE PHONE ( ) \_\_\_\_\_

ALLERGIES OR MEDICAL CONCERNS \_\_\_\_\_

EMAIL ADDRESS FOR CAMP UPDATES: \_\_\_\_\_:

## EMERGENCY ALTERNATE CONTACTS

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ ( ) \_\_\_\_\_
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

If an emergency arises (G-d forbid), and none of the people mentioned above can be contacted, I hereby give The Kinder Gan Preschool permission to take whatever measure it feels proper and necessary considering the circumstances.

Please be advised that I give my full consent to the faculty of The Kinder Gan Preschool to take my child for short walks and or outings outside of the preschool facility at any time they deem appropriate.

I GIVE PERMISSION FOR OUR NAME AND TELEPHONE NUMBER TO BE PLACED ON A CLASS LIST FOR RELEASE TO OTHER PARENTS  
 YES  NO

## **IF YOUR CHILD ATTENDED THE PREVIOUS SCHOOL YEAR AND THEIR MEDICAL RECORD IS UP TO DATE-DO NOT INCLUDE A NEW ONE.**

All new students must submit completed medical records prior to admission. Medical records must be signed by a physician

