

MEDICAL HISTORY

List any allergies the Preschool Staff should be aware of: _____

Is your child currently being prescribed medication? Yes _____ No _____

If Yes, for what reason? _____

What is the name(s) of the medication? _____

Does your child have any special problems or fears? Yes _____ No _____ Explain: _____

Does your child have any special needs, which may restrict his/her activities? Yes _____ No _____

Explain: _____

What do you plan to do when your child is sick? _____

CONSENT FOR MEDICAL TREATMENT

If we cannot reach You, what Physician or Dentist should we call in an Emergency?

Physician: _____ Location: _____ Phone: _____

Dentist: _____ Location: _____ Phone: _____

If You and the Physician cannot be reached, what action should we take?

Call Hospital _____ Barton: _____ Carson/Tahoe: _____ Other Hospital: _____

Other Action: _____

In case of an emergency, Tahoe Douglas Christian Preschool has my permission take my child to my preferred Physician or Hospital at my own expense. Yes _____ No _____

In case of an emergency, Tahoe Douglas Christian Preschool has my permission to call an ambulance at my own expense. Yes _____ No _____

In case of an emergency, Tahoe Douglas Christian Preschool has my permission to take my child to any available physician or hospital at my own expense. Yes _____ No _____

In case of an emergency, my child may receive first aid. Yes _____ No _____

I give my consent to any doctor or hospital to administer medical care or surgical treatment for my child at my own expense. Yes _____ No _____

Signature of Parent or Guardian

Date