

Small Oaks Christian Preschool-Emergency Information

Child's Name _____ Birthdate _____

Weight _____ Height _____ Place _____

Parent's Name _____ Photo _____

Address _____ Here _____

Home phone _____ Cell phone _____

City _____ Zip Code _____

Emergency Contact name and phone number _____

Allergies/Medical conditions

Insurance provider _____ Group # _____

Physician's name _____ Clinic _____ Phone # _____

Dentist name _____ Clinic _____ Phone# _____

Medical Consent

I hereby give my consent to Small Oaks Christian Preschool to seek emergency medical attention for my child. In the event of an emergency, Small Oaks will first call 911 and then make reasonable effort to contact a parent or guardian at the numbers listed. I give permission for my child to be transported to the emergency room at MCR if deemed necessary by emergency personnel. If it is not possible to locate the parent's we agree that any expenses incurred will be paid by the child's family.

Parent's signature _____

Home phone _____ Cell phone _____

