

## 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 \_\_\_\_\_

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### Allergies/Medical conditions

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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 \_\_\_\_\_

This Medical Consent is good for 1 year from date \_\_\_\_\_

