

Hope Lutheran Nursery School - Medical Form

(CONFIDENTIAL INFORMATION)

Child's Full Name: _____ **Birthdate:** _____

Child's Primary Address: _____

Names of Parents/Guardians:

_____ **Phone:** _____

_____ **Phone:** _____

Emergency Contacts: In the event of an emergency and neither parent can be reached, we authorize Hope Lutheran Nursery School to contact the following in the order listed:

#1 Name _____ #2 Name _____

Phone number _____ Phone number _____

Relationship to child _____ Relationship to child _____

#3 Name _____ #4 Name _____

Phone number _____ Phone number _____

Relationship to child _____ Relationship to child _____

Emergency Medical Treatment Consent:

In the case of a medical emergency, we understand that every effort will be made to contact a parent/guardian and the Emergency Contacts. In the event that none can be reached or that delaying treatment of our child would put them in danger, we hereby give permission to the staff of Hope Lutheran Nursery School to obtain emergency medical treatment for our child. We understand that we would assume all financial responsibility for any treatment deemed necessary in these circumstances.

We also give permission for the staff of Hope Lutheran Nursery School to share the information on this form with the emergency medical team.

Insurance Provider: _____

Policy Number: _____

Preferred hospital/treatment center: _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

This side only needs to be filled out for new students. (all 3 year olds and new 4 year olds)

Child's Full Name: _____

Child's Doctor/Physician Group: _____ Phone: _____

Practice Address: _____

Hospital Affiliation: _____

*** Please have this section completed by your child's physician. ***

Immunizations are current for age: yes or no (If no, please explain further below.)

***Please attach a copy of immunization records.**

Allergies	Reaction	Treatment
Food:		
Insect/Animal:		
Medication:		
Other:		

Description of any chronic medical issues, restrictions, or limitations:

List of daily medications needed by the child:

Doctor's Signature

Date