

## Emergency Contact and Health Card 2017-18

**Please complete all sections and return to the preschool as soon as possible.**

**Also, provide any changes as they occur DURING the school year.**

Child's Last Name _____	First Name _____	Birth date _____
Home Address _____		Primary Phone _____
Primary Email Address: _____		Secondary Email Address: _____
Additional Email Address: _____		Closest FCPS Elementary School _____

**Regular Caregiver** (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

**Father** \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Employer Name & Location \_\_\_\_\_

**Mother** \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Employer Name & Location \_\_\_\_\_

**Marital Status:** Married Widowed Separated Divorced **Custody:** Mother Father Joint **Resides With:** Mother Father

**Child cannot be released to:** \_\_\_\_\_

**Languages spoken at home** \_\_\_\_\_

### Emergency Contacts and Release

If it is necessary to contact parents during the school day, staff will first call the child's home, then parents at work. If neither is available, the preschool is authorized to release my child to any of the following persons: (Contacts need to be within 15 minutes of the school.) **Two persons, other than parents above, are required.**

Name	Relationship	Phone 1	Phone 2
_____	_____	_____	_____
_____	_____	_____	_____

### Out of Area Contacts for use during a Community Emergency (at least 2 hours away)

Name	Relationship	Phone 1	Phone 2
_____	_____	_____	_____
_____	_____	_____	_____

### Current Health/Medical Information

Please CHECK any health conditions that preschool staff needs to be aware of or may require attention during the school day. Provide necessary documentation to let us know how to care for your child. If none, please check here. \_\_\_\_\_

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>ALLERGIES:</b> (be specific &amp; complete Action Plan)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Foods: Peanut Dairy Wheat _____</li> <li><input type="checkbox"/> Medicines _____</li> <li><input type="checkbox"/> Bee stings or insect bites _____</li> <li><input type="checkbox"/> Other _____</li> </ul> </li> <li><input type="checkbox"/> <b>ASTHMA</b> _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>HEART PROBLEM</b> _____</li> <li><input type="checkbox"/> <b>PHYSICAL LIMITATIONS</b> _____</li> <li><input type="checkbox"/> <b>RESPIRATORY</b> _____</li> <li><input type="checkbox"/> <b>SEIZURES</b> _____</li> <li><input type="checkbox"/> <b>VISION PROBLEMS</b> _____</li> <li><input type="checkbox"/> <b>OTHER</b> _____</li> </ul> |
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**Written Medication Authorization is required for preschool staff to administer any medication to your child.**

List all medications and dosages your child receives on a continual basis whether or not at preschool: \_\_\_\_\_ None

### Physician Information

My child's medical care is provided by: \_\_\_\_\_

Name of Doctor

Location

Phone

My child's medical coverage is provided by:

Health Insurance Co./HMO

Policy No.

Location

Phone

Redeemer Lutheran Preschool staff has my permission, in an emergency, to secure appropriate medical care for my child. The medical staff has my authorization to provide necessary medical treatment for the well-being of my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Updated \_\_\_\_\_

# Student Information Sheet

Please complete this whole sheet as it helps us prepare for and welcome your child.

Child's Name to be used at school: \_\_\_\_\_

What, if any, other preschools/daycares has your child attended (not classes)? None \_\_\_\_\_  
Name Location Dates attended

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Allergies/Dietary Restrictions/Health concerns (if any): \_\_\_\_\_ None

Any significant changes in your child's life recently (birth, death, caregiver)?

Tell us about your child's strengths/special abilities:

Tell us about your child's weaknesses/fears:

What is your child's favorite subject/activity?

Does your child have any concerns about this year?

Tell us anything else you think we should know:

What is your goal(s) for preschool education?

Is (or was) your child under care of any specialist? Yes or No (If yes, please explain.)

Does your child currently have an IEP? Yes or No (If yes, please provide a copy.)

What is the best way to contact you? Phone Email