

Emergency Contact and Health Card 2020-2021

**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 (if other than parents) _____ Phone _____

Father _____ Work # () _____ Cell # () _____
 Employer Name & Location _____

Mother _____ Work # () _____ Cell # () _____
 Employer Name & Location _____

Marital Status: Married Single Widowed Separated Divorced **Custody:** Joint Mother Father **Resides With:** Mother Father
Languages spoken at home _____
Child cannot be released to: _____

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 condition that we need to know or may require attention during the school day. None _____

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ALLERGIES: (be specific & provide Action Plan) <ul style="list-style-type: none"> <input type="checkbox"/> Foods: Peanut Dairy Wheat _____ <input type="checkbox"/> Medicines _____ <input type="checkbox"/> Bee stings or insect bites _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> ASTHMA _____ | <ul style="list-style-type: none"> <input type="checkbox"/> HEART PROBLEM _____ <input type="checkbox"/> PHYSICAL LIMITATIONS _____ <input type="checkbox"/> RESPIRATORY _____ <input type="checkbox"/> SEIZURES _____ <input type="checkbox"/> VISION PROBLEMS _____ <input type="checkbox"/> OTHER _____ |
|---|--|

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

Written Medication Authorization is required for preschool staff to administer ANY MEDICATION to your child.

Please contact the office for the Medication Authorization to let us know how to care for your child.

Staff Use Only: Medication Authorization Required Date Received

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: _____

Please list any other preschools/daycares (not classes) has your child attended? None _____
Name Location Dates attended

What was his/her general experience? _____

Allergies/Dietary Restrictions/Health concerns (if any): Please provide documentation. 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