

HEALTH & EMERGENCY INFORMATION & PERMISSION SLIP

Child's Full Name _____ Birth Date _____

General Health Information:

General Health of Child: GOOD -or- POOR

Health Concerns: _____

Allergies: _____

Medications: _____

Child's Physician: _____ Phone # _____

Emergency Contact Information:

Mother _____ Phone # _____

Alternative Contact #'s for Mother _____

Father _____ Phone # _____

Alternative Contact #'s for Father _____

Other: If the mother or father cannot be reached, whom should we contact in case of emergency?

Name	Relationship to Child	Phone #'s

Medical Insurance Information:

Carrier _____

Policy # _____ Group # _____

Permission:

YES NO

I hereby give permission for my child to be photographed for publicity (newspapers, TV, brochures, etc.)

YES NO

I hereby request and permit Creative Discoveries Preschool to seek emergency medical/surgical attention and provide transportation to the nearest medical facility in my absence.

Signature of Parent or Guardian _____

Printed Name _____

Date _____

Creative Discoveries Preschool
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