

WORD OF LIFE LUTHERAN PRESCHOOL
Health & Emergency Authorization

Class _____
School Year _____

Student Name _____ Birth Date ____/____/____ Phone (____) _____

Address _____ City _____ Zip _____

Mother/Guardian _____ Employer _____ Bus. Phone _____
Work Address _____ City _____ Zip _____
Title _____ Cell Phone or Pager (____) _____ Email _____

Father/Guardian _____ Employer _____ Bus. Phone _____
Work Address _____ City _____ Zip _____
Title _____ Cell Phone or Pager (____) _____ Email _____

You must give two alternatives to contact for emergency situations when a parent cannot be reached.

Name	Address	City	Relationship	Phone (____)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any significant health factors or restrictions. This includes food allergies, med. allergies, environmental allergies, etc.

Is your child receiving any special services currently (i.e. speech, OT, PT?) If so, what and where. Does your child have an IEP?

If first aid is needed for your child, it will be administered by the classroom teacher or director. An accident form will be completed for your review. In case of extreme emergency, your child will be taken to the nearest available hospital.

Child's Physician _____ Name _____ Address _____ City _____ Phone (____) _____

Child's Dentist (opt.) _____ (____) _____

I agree in case of an accident or injury, first aid and/or emergency medical care may be given to my child.

The following people may pick up my child from school in non-emergency situations. State law mandates that you provide the names of at least two people living in the area, other than parents, who may pick-up your child. Please include all car pool parents. All information must be complete.

Name	Address	City	Relationship	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date ____/____/____ Signature of Parent _____
(Revised 11/11)