TRINITY LUTHERAN PRE-SCHOOL
P.O. Box 544 Clarks Summit, PA 18411
Emergency Medical Form

Child's Name _____

Address _____

Home phone _____ Birthdate _____

Father _____
name place of employment work phone

Mother _____
name place of employment work phone

Cell Phone Numbers: mom _____ dad _____

E-mail address: (for teacher use) _____

Emergency contacts: please list persons who can assume responsibility for your child - picking up and caring for your child if parents cannot be reached in case of emergency. (Local contacts are best).

	Name	Phone number	Relationship
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Child's physician: _____
name phone number

Is your child up to date on all required immunizations: yes: _____ no: _____

If no, please explain: _____ (Please refer to handbook if not immunized)

In case of emergency: if a parent or emergency numbers cannot be reached, I give my permission for 911 to be called and my child transported to _____ hospital for treatment

_____
Parent's signature

I give my permission for my child to participate in all activities of the Pre-School. I am willing to abide by whatever rules and regulations are deemed necessary by the Board of Directors for the proper conduct of the school in the interest of all the pupils. _____
Parent's signature

I give my permission for photos and audios to be taken of my child (may be used on web-site): Yes____ No_____

If your child has any allergies that the teacher should know about, please list it below as well as notify the teacher at the time of registration.

_____

If you are interested in having younger children in your family receive pre-school information at the appropriate time, **(this does not guarantee placement, just that you will receive the information without having to request it at that time)** please list their names and birthdates below:

Name	Birthdate
_____	_____
_____	_____

Does your child receive any special services through NEIU or other private practices? Yes _____ No_____

(If yes, please describe (psychological services, PT, OT, speech therapy, etc.). _____