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

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	Child's Name		
Father	Address		
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	Home phone	Birthdate	
Mother name	Father		
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			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			
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	name	place of employment	work phone
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	Cell Phone Numbers: Mom	Dad	
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 phone number phone number	E-mail address: (for teacher use)		
(1)			
(2)	<u>Name</u>	Phone number	<u>Relationship</u>
Child's physician: name phone number Is your child up to date on all required immunizations: yes: no:	(1)		
Child's physician: phone number Is your child up to date on all required immunizations: yes: no:	(2)		
name phone number Is your child up to date on all required immunizations: yes: no:	(3)		
Is your child up to date on all required immunizations: yes: no:	Child's physician:		
		name	phone number
(D)	Is your child up to date on all required im	nmunizations: yes: no:	
If no, please explain: (Please refer to handbook if not immuniz	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	In case of emergency: if a parent or emer	rgency numbers cannot be reached, I give	e my permission for <u>911</u> to be
called and my child transported tohospital for treatment	called and my child transported to	hospital for treatment	
Parent's signature			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	I give my permission for my child to part	ticipate 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	whatever rules and regulations are deeme	ed necessary by the Board of Directors for	r the proper conduct of the school
in the interest of all the pupils.	in the interest of all the pupils.		
Parent's signature		Parent's signature	
I give my permission for photos and audios to be taken of my child (may be used on website): Yes No	I give my permission for photos and audi	ios to be taken of my child (may be used o	on website): 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 time of registration.		acher should know about, please list it bel	ow as well as notify the teacher at the
If you are interested in having younger children in your family receive pre-school information at the appropriate ti (this does not guarantee placement, just that you will receive the information without having to request it at time) please list their names and birthdates below:	(this does not guarantee placement, jus	st that you will receive the information	
<u>Name</u> <u>Birthdate</u>	<u>Name</u>		<u>Birthdate</u>
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