

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).

	<u>Name</u>	<u>Phone number</u>	<u>Relationship</u>
(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 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 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:

<u>Name</u>	<u>Birthdate</u>
_____	_____
_____	_____
_____	_____