STUDENT INFORMATION RECORD

Family Information

Name of Child: _____ Date of Birth: ____/____/____ Sex: M____ F____
Home Address: _____

Name of Mother/Guardian: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Employer Name: _____ Phone: _____
Employer Address: _____

Name of Father/Guardian: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Employer Name: _____ Phone: _____
Employer Address: _____

Student Health & Medical Information

(Please submit a copy of your child's health insurance or Medicaid card with the enrollment forms.)

Name of Child's Physician: _____ Phone: _____
Physician's Address: _____
Insurance Carrier: _____ ID #: _____

Name of Child's Dentist: _____ Phone: _____
Dentist's Address: _____
Dental Insurance Carrier: _____ ID #: _____

Does the child have any known health problems? Yes ( ) No ( ) If yes, please explain: _____
_____
_____

Please list any injuries or surgeries the child has had: _____
_____

Please indicate any known allergies:
Insect stings/bites Identify: _____
Reaction:_____

Animals Identify: _____
Reaction: _____

Medications Identify: _____
Reaction: _____

Food Identify: _____
_____

Method of exposure (Ingestion, airborne contact, skin contact, etc.): _____
_____

Reaction: _____

A Special Dietary Needs form must be completed and signed by the child's physician in order to make any necessary food substitutions. Please see Preschool Director to obtain the necessary forms. For further information, please refer to the Health and Safety Policy in the Parent Handbook.

Does the child take any medication on a regular basis? Yes ( ) No ( ) If yes, please list the name of the medication(s) and the medical condition for which it is taken:

_____
_____

Please comment on any other medical information/special needs The Growing Place teachers and staff should be aware of: _____
_____
_____
_____

Permission to Transport and Secure Emergency Medical Treatment

In the event that I cannot be reached in an emergency, I authorize Christ Church Preschool-The Growing Place to obtain emergency medical care for the above listed child at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.

Parent/Guardian Name (print)_____ Date_____

Parent/Guardian Signature_____