

925 N. Forest St.  
Bellingham, WA 98225  
(360) 734-7180  
[www.centrallutheran.net](http://www.centrallutheran.net)

**KIDS' CENTRAL PRESCHOOL  
EMERGENCY CONTACT INFORMATION/MEDICAL FORM**

Child's Full Name \_\_\_\_\_

Date of Child's Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
month/date/year

Physical Address \_\_\_\_\_  
street address city, zip code

Mailing Address \_\_\_\_\_  
mailing address city, zip code

Primary Guardian \_\_\_\_\_  
Relationship to Child

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Secondary Guardian \_\_\_\_\_  
Relationship to Child

Address (if different from child's) \_\_\_\_\_  
street address city, zip code

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Do you have insurance? \_\_\_\_\_ If "yes" with whom? \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Do you give Kids' Central Preschool teachers permission to call 911 or take your child to the  
emergency room if your family doctor can not be reached? \_\_\_\_\_  
*Guardian Signature*

If neither guardian can be reached who should we call? \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Please list \_\_\_\_\_

\_\_\_\_\_

Do your child's allergies require an epee pen? \_\_\_\_\_

Does your child have any physical or mental conditions we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Is your child be treated for this condition? \_\_\_\_\_

May we contact the person treating your child if we have questions? \_\_\_\_\_

Person's name \_\_\_\_\_ Phone # \_\_\_\_\_

**Anything else regarding your child's physical, mental or emotional health that you feel is important to tell us, please use the space below:**