925 N. Forest St.
Bellingham, WA 98225
(360) 734-7180
www.centrallutheran.net

2017-18

Kids' Central Preschool
EMERGENCY CONTACT INFORMATION/MEDICAL FORM

Student's Full Name _____

Date of Birth _____ Age_____
month/date/year

Physical Address_____
street address city, zip code

Mailing Address _____
mailing address city, zip code

Primary Guardian (#1) _____
Relationship to Child

Place of Business _____ Occupation _____

Main Phone _____Type _____
cell/home/work

Other Phone _____Type _____
cell/home/work

Secondary Guardian (#2) _____
Relationship to Child

Place of Business _____ Occupation _____

Main Phone _____Type _____
cell/home/work

Other Phone _____Type _____
cell/home/work

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 cannot be reached? _____
Guardian Signature

If neither guardian can be reached who should we call? _____

Relationship to the child _____Phone Number _____

Allergies or intolerances, including the severity_____

_____

Do your child's allergies require an epee pen? _____

Other physical or mental conditions, special needs or limitations? _____

_____

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: