

Medical Information

Child's Name _____

This information is being collected for preschool purposes only so that we can meet any special needs your child may have. The information will be made available to the preschool teacher; otherwise it will be kept in confidential files at the Society Office.

Doctor Name:	Doctor Address:	Doctor Phone:
Alberta Health Care Number:		
Emergency Contact (not a parent/guardian) Name:	Phone:	Relationship:
Emergency Contact Address		
Emergency Contact 2 (not a parent/guardian) Name:	Phone:	Relationship:
Emergency Contact 2 Address		
Individuals who may pick up child: Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

1) List all medications your child is currently taking:

2) List allergies and other health related issues:

3) Is your child fully immunized? ____ Yes ____ No

4) Are there any social/behavioral concerns we should be aware of? _____

I, parent/guardian, agree to allow Edmonton Christian Preschool to obtain emergency medical care for my child, should the need arise. I, parent/guardian, agree to reimburse all costs incurred by the Society.

Parent/ Guardian Name (Please Print) _____

Parent/ Guardian Signature _____ Date: _____

(Please also complete the Emergency Card included in this package)