

EMERGENCY MEDICAL INFORMATION

Child's family name: _____ Child's given name: _____
Medicare card number: _____ Expiration date: _____

EMERGENCY CONTACTS

Mother's name: _____

Telephone: Residence: _____ Business: _____

Cellular: _____

Father's name: _____

Telephone: Residence: _____ Business: _____

Cellular: _____

Other contact (specify relationship): _____

Telephone: Residence: _____ Business: _____

Cellular: _____

PLEASE LIST ALL KNOWN ALLERGIES:

Emergency treatment to be given in case of severe allergic reaction:

Any daily medication? _____

Any recommended limitation on ordinary preschool activities? _____

Physician's name: _____ Telephone: _____

Does your child have any particular fear, e.g.: dogs, storms, the dark, etc.?

All the information provided will be kept confidential and for the use of the Trinity Preschool, Inc. only.

Vaccinations

Dates of injections

DCT-Polio (Diphtheria, Whooping Cough, Tetanus, Polio) _____

M.M.R. (Measles, Mumps, Rubella) _____

Hib (Haemophilus Influenza type b) _____

Has your child ever contracted?

___Whooping Cough ___Chicken Pox ___Measles/German Measles ___Mumps

Has your child ever had a surgical operation or serious illness? If yes, give details:

WAIVER FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission for my child, _____ to receive appropriate medical treatment in case of injury or illness while attending Trinity Preschool, Inc., or during the travelling to and from school. In case of injury to my child while in control of Trinity Preschool, Inc., I hereby waive all claims against Trinity Preschool, Inc. in excess of public liability insurance carried by the preschool. Special instructions:

Initials: _____

WAIVER FOR FIELD TRIPS

I, _____, give permission for my child, _____ to participate in any excursion organized by Trinity Preschool, Inc. during the school year. I expect to be notified in advance of any excursions and that my child be supervised by responsible parents.

Initials: _____

CONSENT FORM FOR THE PUBLICATION OF CHILD PHOTOGRAPHS

I hereby authorize Trinity Preschool, Inc. to use the portrait or photographed image of my child for specific purposes of use and publication in electronic or printed materials, promotional materials, website, newspapers or magazines, from year to year in a context related to the promotion of the Trinity Preschool, Inc.

Initials: _____

Signatory's name: _____

Signature: _____ Date: _____