

Mt. Scott Jubilee Christian Preschool & Kindergarten
Medical Authorization & Health Records

Child's Name _____ Birthday ___/___/___

Address _____ Phone _____

Parents: Mother _____ Wk. Phone _____ Cell _____

Father _____ Wk. Phone _____ Cell _____

Contact persons in case of emergence if parents can't be reached.

1. Name _____ Relationship to child _____

Phone _____ Cell _____

2. Name _____ Relationship to child _____

Phone _____ Cell _____

Name of child's physician _____ Phone _____

Allergies _____

If your child is currently on medication, please describe and describe side affects:

INSURANCE CO _____ POLICY# _____ GROUP _____

EMERGENCY AUTHORIZATION

In the event that we, the parents, are not immediately available, and in case of an accident or acute illness, I authorize Mt. Scott Jubilee Christian Preschool & Kindergarten to call an emergence ambulance or contact emergency medical assistance, and I consent to possible emergence medical and surgical care to be administered. I give permission for the information on this form and the Certificate of Immunization to be made available to emergency medical attendants.

Signature of Mother

Signature of Father

Date