



260-723-5105
6685 W SR 14
South Whitley, IN 46787

Health Records

Child's Name _____ Home Phone _____

Mother/Guardian's Name _____ Cell Phone _____

Father/Guardian's Name _____ Cell Phone _____

Who should take charge of child, or take message in absence of parents/guardians?

Name _____ Phone _____

Address _____

Relationship to Child _____

Child's Doctor _____ Phone _____

Second Choice of Doctor _____ Phone _____

If Father/Mother/Guardian cannot be reached immediately and in case medical attention is needed, please indicate how the Preschool Teacher shall proceed:

Contact your child's doctor _____

Other Suggestions _____

List of illness or diseases the child has had _____

Allergies _____

Negative Drug Reactions _____

Dates of Immunizations: Please list on back of page

Physical Limitations _____

Special Needs _____

DO PRESCHOOL Teachers have your permission to take your child off Preschool premises?

_____ Walking _____ By Car

Before all field trips, a permission slip will be sent home with the child to be signed and returned.

Signed _____ Date: _____