

Health History

Does your child currently have health insurance? Yes No

Physicians Name: _____ Phone #: () _____

Date of Last Physical: _____ Preferred Clinic or Hospital: _____

Does your child have any food allergies? Yes No

If Yes Please Explain: _____

Dietary Restrictions? Yes No

If Yes Please Explain: _____

Health Conditions staff should be aware of? Yes No

If Yes Please Explain: _____

Consent to Medical Care and Treatment of a Minor

I, _____ (parent or legal guardian) hereby give permission that my child _____, may be given emergency treatment by a qualified staff member of Fairwood Community United Methodist Church. I further more authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's physician, or when that physician is unavailable, by a licensed physician or hospital. If I cannot be contacted at the time of emergency I waive my consent to such treatment.

Signature: _____ Date: _____

****Joyful Hearts Preschool is a nut free environment**

Emergency Contact Information

The following people are authorized to pick up my child. Note: Written notification must be given by parent/guardian for anyone picking up that is not listed as an emergency contact. Children will not be release to anyone under 18 years of age and picture I.D is required for anyone picking up who teachers are not familiar with.

Emergency Contact 1

Name(s): _____ Relationship _____

Home Phone: () _____ Cell: () _____ Work: () _____

Emergency Contact 2

Name(s) : _____ Relationship _____

Home Phone:() _____ Cell:() _____ Work:() _____