

MEDICAL INFORMATION FORM

MEDICAL INFORMATION

CHILD'S NAME _____
Physician's Name _____ Phone _____
Hospital Preference _____ Phone _____
Health comments (allergies, reactions, etc.): _____

Is your child on any regular medication for behavioral or emotional control? _____

If so, what? _____

Please list any other information that we should know about your child in regard to the above medications. _____

MEDICAL RELEASE

Should my child _____ become ill or suffer an accident of any character while he/she is in the care of Meadow Brook Baptist Church Preschool Program, the Director shall undertake to contact me immediately. In the event the Director is unable to reach me immediately, the Director and/or the designated employee shall be authorized to secure and consent to such medical treatment, attention, or services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical cost incurred.

Date _____ Parent (or Guardian) _____
Medical Insurance Company _____ Policy # _____

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