

*****To Be Taken on Trip*****

STUDENT MEDICAL EMERGENCY INFORMATION:

Student Name _____ DOB _____ Height _____ Weight _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Family Doctor _____ Phone Number _____

Medications, allergies, or other special medical information the district should be aware of: _____

<u>Medical Information and Release:</u>	
In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the preschool to secure emergency medical care as needed. I understand that if it becomes necessary to obtain emergency care, Anacortes Christian Church Preschool does not assume financial responsibility for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.	
Parent/Guardian Signature _____	Date _____
Emergency Contact Phone _____	Alternate Emergency Contact Phone _____