

Please fill out BOTH SIDES of this form.

**DIOCESE OF ALLENTOWN  
St. Theresa Preschool  
Emergency Information 2021-2022**

1. FAMILY INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Home E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Public School District \_\_\_\_\_

2. PARENT/GUARDIAN INFORMATION

Student lives with (circle one)    Parents    Mother    Father    Other \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parents/Guardians listed above have permission to pick-up the child unless otherwise indicated. Notify the Pre-School Director immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the Director with a copy of the court order.**

3. CHILD CARE PROVIDER INFORMATION

Those designated below are authorized to pick up my child from the school in and emergency.

Child Care Provider's Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

4. LOCAL CONTACT INFORMATION

1. Child Care Provider's Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Child Care Provider's Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Second Choice \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**In a medical emergency, we hereby authorize the PreSchool to seek emergency medical assistance for our child if we cannot be reached.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please keep a copy of this form for your records. IMPORTANT: Please update the PreSchool immediately if any information changes.**

**STUDENT HEALTH INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ / \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Does your child have a history of any of the following conditions? If so, Please explain type of medical treatment.**

**YES    NO**

\_\_\_\_\_    \_\_\_\_\_    ADD/ADHD \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Asthma \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Diabetes \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Food or Drug Allergy \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Bee Sting Allergy \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Seizure Disorder \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Condition Limiting Physical Education \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Migraine Headaches \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Other Chronic or Recurrent Conditions \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Glasses (When to be Worn) \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Presently Taking Medications

Names of Medication

Reasons for Taking Medication

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print name of Parent/Guardian

\_\_\_\_\_  
Please Print name of Parent/Guardian

\_\_\_\_\_  
Date