

Pierpont Christian Preschool

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MEDICAL INFORMATION

(PLEASE KEEP THE INFORMATION BELOW UP TO DATE)

(Updated March 2026)

Today's date: _____

- Student's name: _____
- Parent's name: _____
- Student's physician: _____ Phone: _____
- Hospital preference: _____

- In the event of an accident or injury, do you give permission for your child to be transported to the hospital? No _____ Yes _____ (**NOTE: Rest assured that we will NOT automatically have your child transported, if we have not received verbal / written confirmation of this on the day of an emergency, if it is needed.**)

- Is student covered by medical insurance? No _____ Yes _____

Carrier: _____ Policy number: _____

Address: _____

- In the event of an emergency and parents cannot be reached, who should be contacted?
***Please notify these individuals upon completing this form that they are emergency contacts.**

* Name: _____ Relationship to child: _____

Address: _____ Phone number: _____

* Name: _____ Relationship to child: _____

Address: _____ Phone number: _____

- Any physical disabilities or limitations?

- Any known allergies? (including foods)

- Medications needed should an allergic reaction occur? No ___ Yes ___

If so, please list (include expiration dates): _____

A COPY OF THE CHILD'S IMMUNIZATION RECORD AND A SIGNED STATEMENT FROM THE CHILD'S DOCTOR STATING IMMUNIZATIONS ARE CURRENT MUST BE ATTACHED TO THE REGISTRATION FORM IF A CHILD HEALTH ASSESSMENT HAS NOT YET BEEN SUBMITTED.