

Health Conditions – Please Check

- | | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart | <input type="checkbox"/> Hypoglycemic | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Kidney | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Retardation | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Gastric | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Surgery_____ | |

Immunization Status Complete Incomplete

Allergies Insect Bites Foods _____ Medicine _____

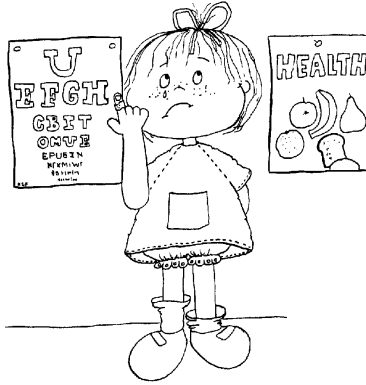
Medication Taken at: Home _____ School _____

Restrictions: _____

Signature

Date





Parent and/or Guardian Consent to Give Emergency treatment

In the event that I am unavailable in an emergency situation, I give permission for First United Methodist Church Preschool and its representatives to seek emergency transportation and/or medical attention for my child. I also authorize doctors to treat my child.

_____ YES, it is okay to treat my child
_____ NO, it is NOT okay to treat my child

(Student's Name)

(Parent/guardian Signature)

(Date)

Parent and/or Guardian Consent to Film/Photograph Student

I give permission to have my child filmed or photographed (individually or in a group) while he is enrolled at First United Methodist Church Preschool. I understand photographs may be published.

_____ YES, it is okay to photograph my child
_____ NO, it is NOT okay to photograph my child

(Student's Name)

(Parent/guardian Signature)

(Date)

Notary Information: