



# Louise Hayem Manheim GATES PRESCHOOL

## MEDICAL FORM 2022-2023

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Does your child have any food allergies? YES NO

Does your child have any other allergies? YES NO

Does your child have any dietary restrictions? YES NO

Does your child have any special needs?  
(including chronic illnesses, health or mental health concerns) YES NO

Has your child had any serious accidents? YES NO

Has your child had any operations? YES NO

Does your child have any physical complications? YES NO

Does your child have any emotional concerns? YES NO

Please explain "yes" answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OVER



# Louise Hayem Manheim GATES PRESCHOOL

## MEDICAL RELEASE 2022-2023

In the event that an emergency should arise while your child is in school, and you, your physician or the persons that you designate are not available, we would take your child to East Jefferson Hospital or contact the school doctor.

**Therefore, it is important to read and sign this form below.**

This is to certify that the child's name on this form attends the Louise Hayem Manheim Gates Preschool. If staff members feel it necessary to obtain medical assistance this authorization will apply to doctor's care and hospitalization.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Parent Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Please list the names and phone numbers of people to contact if parents/guardians and physician are not available.

Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Center for Early Childhood Education to secure emergency medical treatment for my child.

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

\_\_\_\_\_  
Date