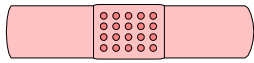


# Joyful Noises Christian Preschool

1912 Florida Street • Huntington Beach, CA 92648 • (714) 536-8909



# Emergency Care/Consent Form

School Year 20\_\_\_\_ - 20\_\_\_\_

## STUDENT INFORMATION

Last Name:	First:	Phone:
Birthdate:	Age in Sept:          yrs          mos	Sex: M [    ] F [    ]
Address:		City/Zip:

## FAMILY INFORMATION

Mother's Name:	Home Phone:
Home Address:	Cell Phone:
City/Zip:	Pager:
Employer/City:	Work Phone:

Father's Name:	Home Phone:
Home Address:	Cell Phone:
City/Zip:	Pager:
Employer/City:	Work Phone:

## PERSONS AUTHORIZED TO PICK UP FROM SCHOOL (other than parents)

Name	Phone	Relationship	Name	Phone	Relationship
(1)			(3)		
(2)			(4)		

## PHYSICIAN / DENTIST / INSURANCE INFORMATION

Physician:	Address:	Phone:
Dentist:	Address:	Phone:
List your Health Plan (Insurance):		
Subscriber Number:	Group Number:	
Emergency Hospital Preference:	Phone:	
Alternative action if physician cannot be reached:		

## MEDICAL INFORMATION

Known allergies:	Date of last tetanus:
Describe continuing medical conditions and medications:	

I hereby give permission for my child to participate in special events, planned field trips, and excursion, which may be part of the education program. I understand that responsible adults will accompany my child during these activities. In the event that my child becomes ill or sustains injury while in the care of the **Joyful Noises Christian Preschool of the Evangelical Free Church of Huntington Beach**, I authorize a school representative to render first aid. If it is not possible to contact the doctor named above or to receive instruction for his/her treatment, I hereby give my consent to any licensed physician contacted to treat, administer drugs, medicines, and/or surgical procedures as he shall think the existing emergency requires, for the relief of pain and to preserve his/her life and health.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date