

**Sunshine Preschool Registration 2011-2012 School Year
Form 3: Medical Information**

CHILD'S NAME

= **signature required here.**

1. CHILD'S PHYSICIAN

Phone

Address

2. FAMILY DENTIST

Phone

Address

1. HOSPITAL PREFERENCE

2. ALLERGIES

My child has the following allergies (*please list allergies or N/A if no allergies are known*):

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- **Signature (1) of parent or guardian**

5. HEALTH INSURANCE insurance carrier, policy number, and name of insured

6. AUTHORIZATION for teachers to have access to your child's health information

I authorize Elaine Gregory, Kathaleen Winters and Joleana Stauff to have access to my child's health information.

- **Signature (2) of parent or guardian**

7. INSTRUCTIONS for any of your child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes)

1. PERMISSION for teachers to give prescription medication if needed

(Instructions from the licensed health provider who has prescribed or recommended medication must be on file for teachers to give medications.)

I authorize Elaine Gregory, Kathaleen Winters and Joleana Stauff to give my child prescription medication if needed.

- **Signature (3) of parent or guardian**

9. PERMISSION for teachers to apply insect repellents if needed

I authorize teachers to apply insect repellents in the event of a high risk of insect-borne disease. (Only repellents recommended for preschoolers containing DEET would be used and directions carefully followed.)

- **Signature (4) of parent or guardian**

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