

MEDICAL CONSENT

I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Signature of parent or guardian

Date

Physician's Name

Physician's Address

Physician's Phone

PREFERENCE FOR CLASS TIME

_____ Monday, Wednesday & Friday Morning Preschool Class (3- & 4-year-olds)

_____ Tuesday & Thursday Morning Preschool Class (3- & 4-year-olds)

_____ 5-day 4K class

Is there any reason why other days would not suit you?

ST. MARK'S LUTHERAN PRESCHOOL FIELD TRIPS

I give permission for _____

to attend all field trips in the 2023-2024 school year. Notice will be given in advance of any field trips.

Parent's Signature

Date

ST. MARK'S LUTHERAN PRESCHOOL and 4K
2023 - 2024
CHILD HEALTH FORM

Name _____

Address _____

Parent or Guardian _____

Birthday _____

State specific instructions for the care of the child with special problems, including allergies:

For medical reasons, this child should not receive the following immunizations:

I certify that I have examined the above child on this day and that he/she is able to participate in preschool activities.

Physician's Signature

Date

Address

City/State/Zip

Phone