

Littlest Disciples Preschool

First Congregational Church of Dundee

900 South Eighth Street, West Dundee, IL 60118-2136

Phone: 847.426.2161

www.fccdundee.com

Fax: 847.807.4951

Name of Child _____

Allergies/Medications

If your child has allergies/asthma please list: _____

Does your child take any daily prescription medications? Yes No

Will your child need to use an inhaler while at school? Yes No

Does your child require emergency medication for bites, i.e. bee stings? Yes No

(Please indicate how and when)

Are there any physical or other concerns that we should be made aware of in order to best serve your child?

Yes No If yes, please explain _____

Signature authorizing inhaler use and/or administration of emergency medicine to be kept on school premises:

(Parent/Guardian Signature) (Relationship to Child) (Date)

Medical Emergency

In case of medical emergency, every effort will be made to contact parent or emergency contact person. If unable to reach parent, I give permission to First Congregational Church of Dundee to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. In cases of life threatening illness, parents give consent for treatment to be administered based on the decisions of the preschool staff. Parents will be contacted as soon as it is medically feasible.

By initialing the following, I give my consent for First Congregational Church of Dundee to:

_____ Administer First Aid/CPR, if needed.

_____ Call the Paramedics for treatment/transport to an emergency center.

_____ Secure the services of a licensed physician.

_____ Allow preschool staff to authorize any necessary treatment to insure the well-being of my child.

(Parent/Guardian Signature) (Relationship to Child) (Date)

Physician Information

Doctor's Name _____ Phone Number _____

Address _____

For Office Use Only

Church Member Discount ____ Registration Fee Paid \$ _____

Date _____ Check # _____ Date Started _____