

Child's Name \_\_\_\_\_

## La Casita Preschool Health & Medical Permissions Form

### Family Information:

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Guardian #1 name \_\_\_\_\_ Guardian #2 name: \_\_\_\_\_

Business address \_\_\_\_\_ Business address: \_\_\_\_\_

Business phone \_\_\_\_\_ Business phone: \_\_\_\_\_

### Physician or medical facility to call in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance information:

Name of insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance ID no: \_\_\_\_\_ Group no: \_\_\_\_\_

### Medical Permission(s)

Please check all that apply:

- ☐ If you would like us to apply sunscreen to your child in their afternoons at La Casita, please check the box and put a bottle of sunscreen (no spray-ons, please) in your child's cubby with their name on it.
- ☐ If you would like us to safely apply Neosporin (or other antiseptic), when needed, to your child's wounds.
- ☐ If you would like us to safely use, when needed, tweezers to remove splinters if your child gets one.
- ☐

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Statement of Good Health (to be signed by child's physician)

I have examined \_\_\_\_\_ and found this child to be in good health and able to attend preschool and have conducted a vision and hearing screening.

Name of physician (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact number: \_\_\_\_\_