

**SPANAWAY LUTHERAN CHURCH PRESCHOOL**  
**HEALTH INFORMATION**

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

Child's food, drug, other allergies (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has the following health needs the school should be aware of (seizures, ADD, asthma, learning disabilities etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child becomes ill or has an accident and I cannot be reached,  
I \_\_\_\_\_ give my permission for Spanaway Lutheran Preschool to  
seek emergency type medical attention for my child \_\_\_\_\_ if  
necessary I authorize emergency treatment by any licensed physician or hospital.

Preferred Hospital \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

In the event that we are unable to reach you, in case of illness or emergency, please indicate your primary emergency contact choice other than a parent.

\_\_\_\_\_  
Name Address Phone

This is effective for the 2018-2019 school year (September - May)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
Date