

Spanaway Lutheran Church



2019 – 2020 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
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This is effective for the 2019-2020 school year (September - May)

(Parent or Guardian's Signature) Date

Spanaway Lutheran Church Preschool

16001 A Street South * P.O. Box 1300 * Spanaway, WA 98387
(253) 531-7000 * office@spanawaylutheran.org * www.spanawaylutheran.org