

# Spanaway Lutheran Church



## 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 and I authorize emergency treatment by any licensed physician or hospital.

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

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

Address \_\_\_\_\_

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

In the event that the preschool is unable to reach me, in case of illness or emergency,  
please contact my primary emergency contact choice other than a parent.

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

Address \_\_\_\_\_

***This is effective for the \_\_\_\_\_ School Year (September – May).***

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### **Spanaway Lutheran Church Preschool**

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