



The KinderGan
PRESCHOOL

Medical and Emergency Information

Child's Name: _____

Family Doctor's Name: _____

Address: _____

Street Address

City

Doctor's Office Phone: () - _____

State

Zipcode

Allergies or Medical Concerns: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone Number: () - _____

Name: _____ Relationship: _____ Phone Number: () - _____

Permissions

- If an emergency arises (G-d Forbid), and none of the emergency contacts mentioned above can be contacted, I hereby give The KinderGan After-School permission to take whatever measures it feels necessary considering the circumstances.
- I give permission to the faculty of The KinderGan After-School to take my child for walks outside the preschool facility at any time they deem appropriate.
- I allow photographs and videos of my child to be posted on The KinderGan After-School's Facebook, Instagram and website.
- I give permission for our name and telephone number to be placed on a class list for release to other parents in The KinderGan After-School

Signature: _____ Date: / /

Please attach medical records, that have been signed by a physician, and updated immunization records to this form.