



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 Preschool permission to take whatever measures it feels necessary considering the circumstances.

I give permission to the faculty of The KinderGan Preschool 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 Preschool'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 Preschool.

Signature: _____ Date: ____ / ____ / ____

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