

**St. Francis Early Learning Academy**

**Preschool/Pre-Kindergarten Medical Form**

Family Name: \_\_\_\_\_ Home phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Condition or Allergy: yes/no If yes, please describe. Please use the back if more room is needed. \_\_\_\_\_

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

Please provide insurance information and policy numbers: \_\_\_\_\_

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

In case of emergency, **if parent is not available**, please list a friend or relative who can be contacted:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my permission for the school to obtain needed medical services and transport to a hospital in case the name student suffers illness or accident and parent/guardian cannot be contacted.

Hospital Preference: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_