

TRINITY EVANGELICAL LUTHERAN CHURCH, LANSDALE, PA  
Pre-School – Pre-Kindergarten Medical Information  
Valid until May 31, 2025

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**My child is allowed to use hand sanitizer when supervised:    yes    or    no**

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street Town State/ZIP*

Email Address: \_\_\_\_\_

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

**1. MEDICATIONS**

Does your child take any kind of medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_ What for? \_\_\_\_\_

Has it been prescribed by your family physician? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. ALLERGIES**

Is your child allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

Does your child suffer from any other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
(especially to bee stings or food allergies)

If yes, what? \_\_\_\_\_

Does your child take medication for his/her allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

**Please be sure to review any medical information or treatment with your child's teacher.**

**3. TREATMENT**

Date of your child's most recent tetanus immunization: \_\_\_\_\_

**Please supply your most recent immunization records from your doctor.**

Is your child being treated or has he/she been treated in the past for any type of heart-related problem?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

PLEASE PROVIDE ANY ADDITIONAL PERTINENT INFORMATION THAT MIGHT ALLOW FOR US TO BETTER CARE FOR YOUR CHILD, ESPECIALLY PHYSICAL RESTRICTIONS:

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#### 4. INSURANCE

PLEASE CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ A. My child is covered by the following insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company phone number: \_\_\_\_\_

\_\_\_\_\_ B. My child is NOT COVERED by any health and/or accident insurance.

#### 5. PERMISSION/WAIVER

\_\_\_\_\_ has my permission to attend and participate in all Pre-School and Pre-Kindergarten sponsored events of Trinity Evangelical Lutheran Church of Lansdale, PA. I understand that the children will be supervised by adults at all times. I also give permission for my child to be taken to the nearest medical center/hospital in case of an emergency. Cost for this service will be billed directly to the parent or indicated insurance carrier. Those not carrying insurance will be expected to pay for the service upon receipt of the bill. I agree to release Trinity Evangelical Lutheran Church, its staff, and its volunteers from any liability arising out of any accidents and or injuries suffered by the above-named student, and I agree not to hold Trinity Evangelical Lutheran Church responsible for any such accidents or injuries.

Parents/Guardians may be reached at the following telephone numbers: **Note the best number to reach someone while your child is at PreSchool.**

_____ (Print Name)	_____ (Home Phone)	_____ (Work Phone)	_____ (Cell Phone)
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_____ (Print Name)	_____ (Home Phone)	_____ (Work Phone)	_____ (Cell Phone)
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Parent/Guardian Signature: \_\_\_\_\_

If I cannot be reached immediately, please call (person should be close by):

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Or**

\_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

