

Family Christian Academy Preschool

"Building Foundations for Faith and Learning"

EMERGENCY/MEDICAL INFORMATION

Child's Name	Birth Date
List any serious allergies/sensitivities (such as inse	ect bites, skin conditions, medications
etc.)	
	?Yes No If yes, please provide a written note
	when the child is in trouble and what to do next. Attach
this note to EpiPen with a rubberband.	
List any disabilities or special needs	
	Vision Difficulty?
List any major illnesses your child has/ had	
Any serious accidents?	
Does your child have a history of seizures?	
Food Allergies: so severe they require an EpiPen?	YesNo
If yes, please provide a written note from	your doctor that includes signs and symptoms of when
the child is in trouble and what to do next. Attach this note to EpiPen with a rubberband.	
If you have experienced any medically necessary dietary requirements/restrictions that your child	
absolutely must follow, please list below:	
Provide a written note from your child's doctor describing the dietary requirements / restrictions. The preschool may require that the Child's daily food while at our preschool be provided by the parents/legal guardians as we cannot meet the special dietary needs of your child. Please note that FCA Preschool reserves the right to deny admission to a student. In the event I cannot be reached, please call: (these individuals are also authorized to pick up my child) Name Relationship to Child phone/cell 1. Allergy/sensitivity notices will be displayed in classrooms, bathrooms, hallways, and eating areas to ensure all staff are aware of these medical conditions. *I Do Do Not want my child's allergy/sensitivity notices displayed publicly.*	
Parent/Guardian Signature	Date
A Ministry of E	Date:

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