



Audubon VERMONT

Forest Preschool Emergency Contact and Health Information Form

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Child's Name _____

Age _____ DOB _____

How would you describe your child's personality? _____

Have they attended preschool or a similar drop-off program before? Yes No

EMERGENCY CONTACT

Parent/Guardian (1) _____ Relationship to child _____

Home address _____

Phone (day) _____ Email _____

Parent/Guardian (2) _____ Relationship to child _____

Home address _____

Phone (day) _____ Email _____

People (other than a parent/guardian) whom we may contact in the event of a medical emergency: (we will always attempt to contact a parent/guardian first)

Name _____ Phone (day) _____

Name _____ Phone (day) _____

PHYSICIAN'S NAME _____ Phone _____

Health Insurance Company _____

Policy Number _____

Group Name/Number _____

PICK-UP AUTHORIZATION

People (other than a parent/guardian) authorized to pick-up your child from the program:

Name _____ Phone (day) _____

Name _____ Phone (day) _____

MEDICAL INFORMATION

Allergies: _____

Current Medications: _____

Note: If medication needs to be administered by staff during the Forest Preschool Program, a separate authorization and instruction form must be completed and signed.

Dietary Restrictions: _____

Does your child have any behavioral needs, special accommodations, or physical limitations? If so, please describe and suggest any strategies you've found effective:

Is there anything your child might be uncomfortable with? _____

Other health concerns: _____

Date of last Tetanus booster: _____

Is there anything else you would like us to know about your child? _____

Signature of Parent /Guardian _____ **Date** _____

Email for updates and general Forest Preschool information: _____