

**Suncreek Kids Christian Preschool Medical Form
2016-2017**

Child's Name: _____ Sex: M F Date of Birth: _____
First Middle Last Month Day Year

Address: _____
Street City State Zip

Mother's Name: _____ Telephone: _____
First Middle Last Home Work

Father's Name: _____ Telephone: _____
First Middle Last Home Work

******* AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION *******

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Suncreek Kids Christian Preschool Director or person in charge to take my child to:

Physician Name: _____ Physician Phone #: _____

Physician Address: _____

Hospital Name: _____ Hospital Phone #: _____

Hospital Address: _____

I give consent for this facility to secure any and all necessary medical care for my child.

Parent or guardian signature Date

Doctor's Health Statement

Doctor's Statement: I have examined the above named child within the past year, and find that he/she is physically able to take part in the Suncreek Kids Christian Preschool program

Physician's Signature: _____ Date: _____

Please attach a copy of the most updated shot record signed by the doctor to this form

A Doctor's signature is required to be on file by Texas State Law before your child starts school.