



Are you a member of Aldersgate United Methodist Church?  Yes  No

Does your child have any known allergies such as food, medications, plants or animals that we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

Does your child require medication to be administered during morning hours?  Yes  No

**\*\*If yes, please complete a Medication Administration Form.\*\***

Does your child have any medical condition that we should be aware of while at the preschool? (I.e. asthma, allergies, etc.)  Yes  No

If yes, please explain. \_\_\_\_\_

Is there anything your child cannot eat?  Yes  No

If yes, please list. \_\_\_\_\_

Is there any food that you wish for child to not receive while at school?  Yes  No

If yes, please list. \_\_\_\_\_

Does your child have particular fears or anxieties of which we should be aware?  Yes  No

If yes, please explain. \_\_\_\_\_

**Emergency Care Information:**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

If neither parent can be reached, whom should we contact in case of an emergency situation?

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

***Parent Statement:***

***With any pediatric emergency, children will be transported to Duke Medical Center. I agree that the Director may authorize the physician of her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately. \*\*Please have both parents sign this form!!\*\****

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)